

EXHIBIT B
Medical Records
for
Imad Dawara

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DAWARA, IMAD	Sex: M Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Sood, Ravi (MAT) MD	Facility: FTD
Encounter Date: 11/29/2022 11:51		Unit: W03

Physician - Follow up Visit encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Sood, Ravi (MAT) MD

Chief Complaint: Kidney Disease

Subjective: The patient is 43 years old male. He returns to the clinic for follow up on his Urologist consultation.

He had Urologist consultation on 11/17/2022- it is reviewed; he continues to have pain right flank; urine culture as of 08/03/2022 is negative; no urinary complaints

Chronic intermittent dizziness since early November 2022; he describes dizziness as spinning of surrounding; no particular activity triggers it; even at rest he gets dizziness; it lasts for few minutes to subside by itself; he has right chest pain since 10/2022; it is sharp, stabbing pressure; it is associated with shortness of breath; it lasts for 30 secs to a minute; no apparent triggers for it; he walks 4- 5 miles/day two times a week; he denies chest pain while walking

Pain: Medications: one week ago, he discontinued his medications including Remeron of his own
Not Applicable

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
11/29/2022	11:59 FTD	98.2	36.8	Tympanic	Sood, Ravi (MAT) MD

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
11/29/2022	11:59 FTD	85	Radial	Regular	Sood, Ravi (MAT) MD

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
11/29/2022	11:59 FTD	16	Sood, Ravi (MAT) MD

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
11/29/2022	11:59 FTD	114/76	Left Arm	Sitting	Adult-large	Sood, Ravi (MAT) MD

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
11/29/2022	11:59 FTD	100	Room Air	Sood, Ravi (MAT) MD

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
11/29/2022	11:59 FTD	209.0	94.8		Sood, Ravi (MAT) MD

Exam Comments

Inmate Name: DAWARA, IMAD
 Date of Birth: 10/12/1979
 Encounter Date: 11/29/2022 11:51

Sex: M Race: WHITE
 Provider: Sood, Ravi (MAT) MD

Reg #: 69939-066
 Facility: FTD
 Unit: W03

Examination:

General: Affect: Pleasant, Cooperative; Appearance; Alert and Oriented x 3
 Nutrition: BMI 29.1

Skin: No suspicious skin lesion

Head: General: Atraumatic/Normocephalic

Eyes: General: Extraocular Movements Intact; Visual Fields: Normal Fields
 Conjunctiva and Sclera: No gross abnormality; Cornea and Lens: No gross abnormality

Ears: Tympanic Membrane: Normal: Nose: no gross abnormality

Face: General: Symmetric

Mouth: Tongue: No Lesion(s); Pharynx: No White Plaques

Neck: General: Supple

Thyroid: No: Nodule

Pulmonary: Auscultation: Clear to Auscultation; No Crackles or Rhonchi

Cardiovascular: Auscultation: Regular Rate and Rhythm (RRR), Normal S1 and S2
 No: M/R/G

Vascular: No: Carotid Bruits, Abdominal Bruits, Jugular Venous Distension

Peripheral Vascular: General: No: Edema

Lymphatics: No Regional Lymphadenopathy

Abdomen: Inspection: No: Stigmata of Liver Disease

Palpation: Soft; No Tenderness on Palpation, No Mass(es) or Hepato-Splenomegaly

Neurologic: CN 2-12 Intact Grossly; no focal neurological deficit

Mental Health: Posture: Upright; Grooming/Hygiene; Appropriate Grooming

Affect: Appropriate; Speech/Language: Appropriate; Mood: Appropriate

Thought Process: Goal Directed; Thought Content: Goal Directed; Recent Memory

Appropriate; Remote Memory: Appropriate

Musculoskeletal:

Gait normal

Presented to the clinic walking in no distress using no mechanical support such as cane

ROM full, Neurovascular functions intact in extremities

ASSESSMENT:

Body mass index (BMI) 29.0-29.9, adult, Z6829 - Current

Chest pain, unspecified, R079 - Current

Dizziness and giddiness, R42 - Current

HCV Negative, Z1159-HCV - Current

Inmate Name: DAWARA, IMAD
 Date of Birth: 10/12/1979
 Encounter Date: 11/29/2022 11:51

Sex: M Race: WHITE
 Provider: Sood, Ravi (MAT) MD

Reg #: 69939-066
 Facility: FTD
 Unit: W03

Hyperlipidemia, unspecified, E785 - Current
 Hypothyroidism, E039 - Current
 Mental disorder, not otherwise specified, F99 - Current
 Negative Test: HIV, Human immunodeficiency virus, Z717 - Current
 Unspecified abdominal pain, R109 - Current
 Unspecified glaucoma, H409 - Current
 Vitamin D deficiency, E559 - Current
 Opioid Use Disorder: Severe, F11.20*b - Current
 Unspecified Anxiety Disorder, F41.9 - Current

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Acetaminophen 325 MG Tablet	11/29/2022 11:51
	<u>Prescriber Order:</u> 325 mg Orally - three times a day PRN x 180 day(s)	
	Indication: Calculus of kidney, Chest pain, unspecified	

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
567568-FTD	Ibuprofen 800 MG Tab	11/29/2022 11:51
	<u>Prescriber Order:</u> Take one tablet (800 MG) by mouth three times daily *Please purchase from commissary when these are gone if needed* PRN x 180 day(s)	
	Indication: Chest pain, unspecified, Unspecified abdominal pain, Calculus of kidney	

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
567567-FTD	DULoxetine HCl Delayed Rel 30 MG Cap	11/29/2022 11:51
	<u>Prescriber Order:</u> Take three capsules (90 MG) by mouth each evening for pain	
	Discontinue Type: When Pharmacy Processes	
	Discontinue Reason: Patient Refused	
	Indication:	
573348-FTD	Meclizine HCl 25 MG Tab	11/29/2022 11:51
	<u>Prescriber Order:</u> Take one tablet (25 MG) by mouth three times daily	
	Discontinue Type: When Pharmacy Processes	
	Discontinue Reason: Patient Refused	
	Indication:	
567569-FTD	Mirtazapine 15 MG Tab	11/29/2022 11:51
	<u>Prescriber Order:</u> Take one tablet (15 MG) by mouth each evening *consent form on file *	
	Discontinue Type: When Pharmacy Processes	
	Discontinue Reason: Patient Refused	
	Indication:	
567131-FTD	Tamsulosin HCl 0.4 MG Cap	11/29/2022 11:51
	<u>Prescriber Order:</u> Take one capsule (0.4 MG) by mouth each day	
	Discontinue Type: When Pharmacy Processes	

Inmate Name: DAWARA, IMAD
 Date of Birth: 10/12/1979
 Encounter Date: 11/29/2022 11:51

Sex: M Race: WHITE
 Provider: Sood, Ravi (MAT) MD

Reg #: 69939-066
 Facility: FTD
 Unit: W03

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Discontinue Reason: <i>Patient Refused</i>	
	Indication:	

New Radiology Request Orders:

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
General Radiology-Chest-2 Views	One Time		12/12/2022	Routine
Specific reason(s) for request (Complaints and findings):				
Chest pain -atypical				

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Radiology	01/31/2023	01/31/2023	Routine	No	

Subtype:

CT Scan ABD *NPO*

Reason for Request:

For: CT scan of the Kidneys -stone protocol

Reason: As per Urology consult 11/17/2022 by Dr. Fingerman, Nephrolithiasis. A 2 mm right-sided kidney stone remains. This is extremely unlikely to be the source of any discomfort. However, if he does have pain, a CT scan would be definitive.

HISTORY OF PRESENT ILLNESS: Patient is a 42-year-old man who has had kidney stones for many years and states that he has had 17 procedures for kidney stones. We have previously cleared the left kidney of stones, and he underwent a right-sided lithotripsy in August. At that time, I had strongly recommended a stent, but he was adamantly against placing a stent and ended up in distress postoperatively, requiring an emergency add-on stent insertion late that night. He is extremely upset that he had a stent for 32 days, although this was very well expected based on his situation. Since that time, he has undergone a staged right lithotripsy in 09/2022, and his stent was removed at that time, per his request. His follow-up KUB reveals a 2 mm fragment remaining in the kidney, which is clearly not of any concern. He claims that he has right flank pain and burning with urination. He has to move around to get rid of the pain. There is no nausea or vomiting, and he states that he also was diagnosed with a right-sided abdominal hernia.

ASSESSMENT: Nephrolithiasis. A 2 mm right-sided kidney stone remains. This is extremely unlikely to be the source of any discomfort. However, if he does have pain, a CT scan would be definitive. I will leave this up to Fort Dix to decide. I also would recommend a urinalysis and culture just to confirm that he does not have a urinary tract infection, as he is complaining of burning with urination. Please send a urine culture.

Provisional Diagnosis:

Right renal calculus

Discontinued Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Radiology	12/29/2022	01/27/2023	Routine	No	

Subtype:

CT Scan Ext

Reason for Request:

For: CT scan of the Kidneys

Reason: As per Urology consult 11/17/2022 by Dr. Fingerman, Nephrolithiasis. A 2 mm right-sided kidney stone remains. This is extremely unlikely to be the source of any discomfort. However, if he does have pain,

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Sood, Ravi (MAT) MD	Facility: FTD	Unit: W03
Encounter Date: 11/29/2022 11:51			

a CT scan would be definitive.

HISTORY OF PRESENT ILLNESS: Patient is a 42-year-old man who has had kidney stones for many years and states that he has had 17 procedures for kidney stones. We have previously cleared the left kidney of stones, and he underwent a right-sided lithotripsy in August. At that time, I had strongly recommended a stent, but he was adamantly against placing a stent and ended up in distress postoperatively, requiring an emergency add-on stent insertion late that night. He is extremely upset that he had a stent for 32 days, although this was very well expected based on his situation. Since that time, he has undergone a staged right lithotripsy in 09/2022, and his stent was removed at that time, per his request. His follow-up KUB reveals a 2 mm fragment remaining in the kidney, which is clearly not of any concern. He claims that he has right flank pain and burning with urination. He has to move around to get rid of the pain. There is no nausea or vomiting, and he states that he also was diagnosed with a right-sided abdominal hernia.

ASSESSMENT: Nephrolithiasis. A 2 mm right-sided kidney stone remains. This is extremely unlikely to be the source of any discomfort. However, if he does have pain, a CT scan would be definitive. I will leave this up to Fort Dix to decide. I also would recommend a urinalysis and culture just to confirm that he does not have a urinary tract infection, as he is complaining of burning with urination. Please send a urine culture.

Provisional Diagnosis:

Kidney stones and right flank pain.

Disposition:

Follow-up at Sick Call as Needed
Return Immediately if Condition Worsens

Other:

he patient is 43 years old male. He returns to the clinic for follow up on his Urologist consultation.

He had Urologist consultation on 11/17/2022- it is reviewed; he continues to have pain right flank; urine culture as of 08/03/2022 is negative; no urinary complaints

Chronic intermittent dizziness since early November 2022; he describes dizziness as spinning of surrounding; no particular activity triggers it; even at rest he gets dizziness; it lasts for few minutes to subside by itself; he has right chest pain since 10/2022; it is sharp, stabbing pressure; it is associated with shortness of breath; it lasts for 30 secs to a minute; no apparent triggers for it; he walks 4- 5 miles/day two times a week; he denies chest pain while walking

Medications: one week ago, he discontinued his medications including Remeron of his own

Plan of care

Right kidney stone: a request for Urine culture/UA and CT scan of abdomen and pelvis are in place, plenty of fluids, follow up Urologist consultation

MH problems: patient refuses to take Remeron and Cymbalta, he is being referred to psychology to explore courses such as guided meditation and C B Skills

Chronic dizziness, atypical chest pain: Apley exercise, doxepin is added, ibuprofen and Tylenol PRN

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
11/29/2022	Counseling	Access to Care	Sood, Ravi	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Sood, Ravi (MAT) MD on 11/29/2022 12:32

Generated 11/29/2022 12:32 by Sood, Ravi (MAT) MD

Bureau of Prisons - FTD

Page 5 of 6

078

Inmate Name: DAWARA, IMAD
Date of Birth: 10/12/1979
Encounter Date: 11/29/2022 11:51

Sex: M Race: WHITE
Provider: Sood, Ravi (MAT) MD

Reg #: 69939-066
Facility: FTD
Unit: W03

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: DAWARA, IMAD		Reg #: 69939-066
Date of Birth: 10/12/1979	Sex: M Race: WHITE	Facility: FTD
Note Date: 11/28/2022 11:45	Provider: Feigenbutz, E. OD	Unit: W03

Admin Note - Report Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Feigenbutz, E. OD

Pertinent hx:
Family health or eye history: None
Personal health history: Cholesterol/Hypothyroidism
Personal ocular health history: narrow angle suspect/pingueculitis, iris nevi
Last REE: >10 years
Last DFE: Unknown
Last Glasses Rx: None

IEC completed 11/28/22: Angle OCT
Quality of Scan: Good
OD 12.93/13.83
OS 13.24/7.22

A1/P1 Pingueculitis OS-
A2/P2 Narrow angles Ou-Secondary to angles degrees an OMD a consult will placed. Monitor post completion by OD clinic prn.
RTC: OMD consult

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Ophthalmology	01/02/2023	01/02/2023	Urgent	No	

Subtype:

ONsite - Initial Evaluation

Reason for Request:

Pertinent hx:
Family health or eye history: None
Personal health history: Cholesterol/Hypothyroidism
Personal ocular health history: narrow angle suspect/pingueculitis, iris nevi
Last REE: >10 years
Last DFE: Unknown
Last Glasses Rx: None

IEC completed 11/28/22: Angle OCT
Quality of Scan: Good
OD 12.93/13.83
OS 13.24/7.22

A1/P1 Pingueculitis OS-
A2/P2 Narrow angles Ou-Secondary to angles degrees an OMD a consult will placed. Monitor post completion by OD clinic prn.
RTC: OMD consult

Inmate Name:	DAWARA, IMAD	Sex:	M	Race:	WHITE	Reg #:	69939-066
Date of Birth:	10/12/1979	Provider:	Feigenbutz, E. OD	Facility:	FTD	Unit:	W03
Note Date:	11/28/2022 11:45						

Disposition:

Follow-up at Sick Call as Needed
Consultation Written

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Feigenbutz, E. OD on 12/01/2022 11:56

Requested to be cosigned by Sood, Ravi (MAT) MD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DAWARA, IMAD
Date of Birth: 10/12/1979
Encounter Date: 10/31/2022 09:55

Sex: M Race: WHITE
Provider: Ibe, Chigozie PA-C

Reg #: 69939-066
Facility: FTD
Unit: W03

Mid Level Provider - Sick Call Note encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Ibe, Chigozie PA-C

Chief Complaint: Dizziness

Subjective: The patient is a 43 y/o male who is c/o dizziness every day and the roof would seem to be spinning and he would feel like he is going to tip over. He said the last time this happened was the day before. He denied headaches.

Pain: No

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
10/31/2022	10:00 FTD	97.5	36.4	Forehead	Ibe, Chigozie PA-C

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
10/31/2022	10:00 FTD	76	Via Machine	Regular	Ibe, Chigozie PA-C

Respirations:

Date	Time	Rate Per Minute	Provider
10/31/2022	10:00 FTD	17	Ibe, Chigozie PA-C

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
10/31/2022	10:00 FTD	121/87	Left Arm	Sitting	Adult-large	Ibe, Chigozie PA-C

SaO2:

Date	Time	Value(%)	Air	Provider
10/31/2022	10:00 FTD	100	Room Air	Ibe, Chigozie PA-C

Height:

Date	Time	Inches	Cm	Provider
10/31/2022	10:00 FTD	71.0	180.3	Ibe, Chigozie PA-C

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
10/31/2022	10:00 FTD	200.0	90.7		Ibe, Chigozie PA-C

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3, Alert & Oriented to Person, Alert & Oriented to Place, Alert & Oriented to Time

No: Appears Distressed

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Ibe, Chigozie PA-C	Facility: FTD	Unit: W03
Encounter Date: 10/31/2022 09:55			

Skin**General**

Yes: Within Normal Limits, Dry, Skin Intact

No: Warmth, Clammy, Cool, Diaphoretic

Head**General**

Yes: Symmetry of Motor Function, Atraumatic/Normocephalic

No: Facial Asymmetry, Sinus Tenderness, Tenderness on Palpation

Ears**Tympanic Membrane**

Yes: Bulging, Pigmentation

No: Within Normal Limits, Erythema, Not Visualized (Cerumen), Pearly, Effusions, Bullous Myringitis, Perforated, Injected, Draining, Tympanosclerosis

Pulmonary**Observation/Inspection**

Yes: Within Normal Limits

No: Coughing, severe w production green/brown mucus, Apneic, Respiratory Distress, Tachypnea, Hyperventilation

Auscultation

Yes: Clear to Auscultation, Vesicular Breath Sounds Bilaterally, Bronchial Breath Sounds

No: Egophony, Tactile Fremitus, Whispered Pectoriloquy, Bronchophony

Neurologic**Cranial Nerves (CN)**

Yes: Within Normal Limits, CN 2-12 Intact Grossly, CN1 Smell Normal, CN2 Gross Visual Acuity Normal, CN2 Visual Field Normal

ASSESSMENT:

Dizziness and giddiness, R42 - Current

Other peripheral vertigo, H81399 - Current

Otitis media, H6690 - Current

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Sulfamethoxazole/Trimeth DS 800-160 Mg Tablet	10/31/2022 09:55
	Prescriber Order: 800/160 mg Orally - Two Times a Day x 14 day(s)	
	Indication: Otitis media	
	Meclizine HCl Tablet	10/31/2022 09:55
	Prescriber Order: 25 mg Orally - three times a day x 30 day(s)	
	Indication: Other peripheral vertigo	

Disposition:

Follow-up at Sick Call as Needed

Follow-up at Chronic Care Clinic as Needed

Patient Education Topics:

Inmate Name: DAWARA, IMAD
Date of Birth: 10/12/1979
Encounter Date: 10/31/2022 09:55

Sex: M Race: WHITE
Provider: Ibe, Chigozie PA-C

Reg #: 69939-066
Facility: FTD
Unit: W03

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
10/31/2022	Counseling	Access to Care	Ibe, Chigozie	Verbalizes Understanding

Copay Required: Yes

Cosign Required: No

Telephone/Verbal Order: No

Completed by Ibe, Chigozie PA-C on 10/31/2022 10:19

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: DAWARA, IMAD		Reg #: 69939-066
Date of Birth: 10/12/1979	Sex: M Race: WHITE	Facility: FTD
Note Date: 09/21/2022 10:44	Provider: Sood, Ravi (MAT) MD	Unit: W03

Review Note - Report Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Sood, Ravi (MAT) MD
The procedure note is reviewed

Discontinued Radiology Request Orders:

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
General Radiology-Abdomen-GU-KUB	One Time		09/19/2022	Routine
Specific reason(s) for request (Complaints and findings):				
S/P stent placement right renal calculus				

New Radiology Request Orders:

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
General Radiology-Abdomen-GU-KUB	One Time		10/17/2022	Routine
Specific reason(s) for request (Complaints and findings):				
Post procedure follow up KUB to rule out renal calculus				

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Sood, Ravi (MAT) MD on 09/21/2022 10:46

**Bureau of Prisons
Health Services
Blood Glucose**

Begin Date: 07/14/2022	End Date: 07/14/2023
Reg #: 69939-066	Inmate Name: DAWARA, IMAD

(Reference Range: Random or Fasting 70 - 100, 2 hour post-prandial 70 - 140)

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Type</u>	<u>Comments</u>
06/11/2023	15:45 FTD	88	Random	

Orig Entered: 06/11/2023 15:46 EST Martz, Stephanie RN

Total: 1

**Bureau of Prisons
Health Services
Health Problems**

Reg #: 69939-066

Inmate Name: DAWARA, IMAD

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
Current						
Hypothyroidism						
12/22/2021 12:52 EST Sood, Ravi MD		ICD-10	E039	12/22/2021	Current	
Subclinical Hypothyroidism						
Vitamin D deficiency						
12/22/2021 12:52 EST Sood, Ravi MD		ICD-10	E559	12/22/2021	Current	
Hyperlipidemia, unspecified						
12/22/2021 12:52 EST Sood, Ravi MD		ICD-10	E785	12/22/2021	Current	
Alcohol Use Disorder: Moderate						
10/05/2022 13:29 EST Curry, D. PsyD/ DAP Coordinator	I	DSM-IV	F10.	10/05/2022	Current	
Opioid Use Disorder: Severe						
10/05/2022 13:29 EST Curry, D. PsyD/ DAP Coordinator	I	DSM-IV	F11.	10/05/2022	Current	
Unspecified Anxiety Disorder						
06/15/2020 10:12 EST Conlon, Kristin Ph.D.	I	DSM-IV	F41.9	06/15/2020	Current	
Mental disorder, not otherwise specified						
07/28/2022 09:59 EST Sood, Ravi (MAT) MD		ICD-10	F99	07/28/2022	Current	
Chronic depression						
Unspecified disorder of conjunctiva						
03/17/2022 13:07 EST Feigenbutz, E. OD		ICD-10	H119	03/17/2022	Current	
pinguecula						
Unspecified glaucoma						
03/17/2022 13:07 EST Feigenbutz, E. OD		ICD-10	H409	03/17/2022	Current	
narrow angles						
Otitis media						
10/31/2022 10:16 EST Ibe, Chigozie PA-C		ICD-10	H6690	10/31/2022	Current	
Other peripheral vertigo						
10/31/2022 10:16 EST Ibe, Chigozie PA-C		ICD-10	H81399	10/31/2022	Current	
Non-ST elevation (NSTEMI) myocardial infarction						

Reg #: 69939-066

Inmate Name: DAWARA, IMAD

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
06/13/2023 15:00 EST Ibe, Chigozie PA-C		ICD-10	I214	06/13/2023	Current	
Chronic ischemic heart disease						
06/20/2023 11:09 EST Sood, Ravi (MAT) MD		ICD-10	I259	06/20/2023	Current	
Partial loss of teeth						
09/23/2022 13:59 EST Song, H. DDS/CDO		ICD-10	K08409	09/23/2022	Current	
Constipation, unspecified						
11/09/2020 11:07 EST Kistler, R. NP		ICD-10	K5900	11/09/2020	Current	
Low back pain, UNS						
05/04/2023 12:04 EST Metreveli, Ekaterine NP		ICD-10	M5450	03/30/2023	Current	
Radiculopathy on R side						
03/30/2023 11:48 EST Metreveli, Ekaterine NP		ICD-10	M5450	03/30/2023	Current	
Calculus of kidney						
04/18/2022 15:22 EST Sood, Ravi (MAT) MD		ICD-10	N200	11/01/2019	Current	
S/P lithotripsy left renal calculi on 04/18/2022; Bilateral renal Calculi as per CT scan from 5/28/2021						
05/30/2021 17:37 EST Mathew, Liju FNP-BC		ICD-10	N200	11/01/2019	Current	
Bilateral renal Calculi as per CT scan from 5/28/2021						
11/01/2019 09:21 EST Dalmasi, Odeida MD/CD		ICD-10	N200	11/01/2019	Current	
Tachycardia, unspecified						
06/13/2023 15:00 EST Ibe, Chigozie PA-C		ICD-10	R000	06/13/2023	Current	
Shortness of breath						
06/20/2023 11:09 EST Sood, Ravi (MAT) MD		ICD-10	R0602	06/20/2023	Current	
Chest pain, unspecified						
06/20/2023 11:09 EST Sood, Ravi (MAT) MD		ICD-10	R079	06/20/2023	Current	
Unspecified abdominal pain						
04/21/2021 07:35 EST Mathew, Liju FNP-BC		ICD-10	R109	04/21/2021	Current	
Dizziness and giddiness						
11/29/2022 12:17 EST Sood, Ravi (MAT) MD		ICD-10	R42	11/29/2022	Current	
Encounter for general adult medical exam without abnormal findings						
02/17/2021 15:34 EST Kistler, R. NP		ICD-10	Z0000	02/17/2021	Current	
HCV Negative						

Reg #: 69939-066

Inmate Name: DAWARA, IMAD

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
08/09/2021 13:28 EST Sood, Ravi MD		ICD-10	Z1159-	08/09/2021	Current	
Body mass index (BMI) 27.0-27.9, adult						
08/09/2021 13:20 EST Sood, Ravi MD		ICD-10	Z6827	08/09/2021	Current	
Body mass index (BMI) 28.0-28.9, adult						
01/31/2023 14:18 EST Sood, Ravi (MAT) MD		ICD-10	Z6828	01/31/2023	Current	
Body mass index (BMI) 29.0-29.9, adult						
12/22/2021 12:52 EST Sood, Ravi MD		ICD-10	Z6829	12/22/2021	Current	
Negative Test: HIV, Human immunodeficiency virus						
08/09/2021 13:28 EST Sood, Ravi MD		ICD-10	Z717	08/09/2021	Current	
Remission						
Chest pain, unspecified						
01/31/2023 14:18 EST Sood, Ravi (MAT) MD		ICD-10	R079	11/29/2022	Remission	01/31/2023
11/29/2022 12:17 EST Sood, Ravi (MAT) MD		ICD-10	R079	11/29/2022	Current	
Personal history of COVID-19						
07/28/2022 09:59 EST Sood, Ravi (MAT) MD		ICD-10	Z8616	08/09/2021	Remission	07/28/2022
He declines to receive COVID-19 vaccine						
08/09/2021 13:20 EST Sood, Ravi MD		ICD-10	Z8616	08/09/2021	Current	
He declines to receive COVID-19 vaccine						
Resolved						
Open wound of finger without damage to nail						
08/09/2021 13:28 EST Sood, Ravi MD		ICD-10	S61209	07/23/2021	Resolved	08/09/2021
half cm laceration on top of the right index finger						
07/23/2021 10:37 EST Assemu, Belen FNP-C		ICD-10	S61209	07/23/2021	Current	
half cm laceration on top of the right index finger						
Confirmed case COVID-19						
11/20/2020 14:12 EST Laughingwell, Raeph MD		ICD-10	U07.1	11/06/2020	Resolved	11/20/2020
11/13/2020 10:59 EST Laughingwell, Raeph MD		ICD-10	U07.1	11/06/2020	Current	
11/11/2020 15:35 EST Nelson, Christine NP		ICD-10	U07.1	11/11/2020	Current	
Suspect/probable COVID-19 case						
11/12/2020 13:48 EST Laughingwell, Raeph MD		ICD-10	U07.2	11/09/2020	Resolved	11/12/2020
11/09/2020 11:06 EST Kistler, R. NP		ICD-10	U07.2	11/09/2020	Current	

Reg #: 69939-066

Inmate Name: DAWARA, IMAD

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
Encounter for general adult medical exam without abnormal findings 06/10/2022 13:23 EST Ibe, Chigozie PA-C		ICD-10	Z0000	06/10/2022	Resolved	06/10/2022
Current						
Other hyperlipidemia 07/13/2023 12:33 EST Sood, Ravi (MAT) MD --duplicate 06/13/2023 15:04 EST Ibe, Chigozie PA-C		ICD-10	E784	06/13/2023	Current	
		ICD-10	E784	06/13/2023	Current	
Chest pain, unspecified 44/29/2022 12:27 EST Sood, Ravi (MAT) MD --duplicate 03/02/2020 08:13 EST Mathew, Liju FNP-BC		ICD-10	R079	03/02/2020	Current	
		ICD-10	R079	03/02/2020	Current	
Dizziness and giddiness 44/29/2022 12:18 EST Sood, Ravi (MAT) MD --duplicate 10/31/2022 10:16 EST Ibe, Chigozie PA-C		ICD-10	R42	10/31/2022	Current	
		ICD-10	R42	10/31/2022	Current	

Total: 37

**Bureau of Prisons
Health Services
Treatments**

Begin Date: 07/14/2022	End Date: 07/14/2023
Reg #: 69939-066	Inmate Name: DAWARA, IMAD

<u>Date</u>	<u>Time</u>	<u>Treatment</u>	<u>Provider</u>	<u>Status</u>
09/20/2022	08:39 FTD	EKG	Green, Mavis CMA	Completed
complete				
Orig Entered: 09/20/2022 08:40 EST Green, Mavis CMA				
09/15/2022	11:18 FTD	NPO	Pfeifer, S. RN	Completed
Orig Entered: 09/19/2022 11:18 EST Pfeifer, S. RN				
08/26/2022	08:07 FTD	EKG	Green, Mavis CMA	Completed
complete				
Orig Entered: 08/26/2022 08:07 EST Green, Mavis CMA				
08/14/2022	13:10 FTD	NPO	Pfeifer, S. RN	Completed
Orig Entered: 08/14/2022 13:10 EST Pfeifer, S. RN				
07/29/2022	09:14 FTD	EKG	Green, Mavis CMA	Completed
complete				
Orig Entered: 07/29/2022 09:14 EST Green, Mavis CMA				
Total: 5				

FORT DIX FCI **FTD - S02-193L**
5756 HARTFORD & POINTVILLE RD - FORT DIX, New Jersey
601235-FTD Sood, Ravi (MAT) MD 07/28/23
DAWARA, IMAD 69939-066
Take one tablet (30 MG) by mouth twice daily

Isosorbide Mononitrate ER 30 MG 24 hour Tab
(1) Refills 07/28/23 ACC Refill Until: 01/24/24
#180 TAB Don't Confiscate Before 10/26/23

CAUTION: Federal/State law prohibits transfer of this drug
to any person other than patient for whom prescribed.

ASK YOUR
PHARMACIST®
ABOUT HEALTH NEEDS & SO MUCH MORE 

W105



800 Trenton Road
Browns Mills, NJ 08015
609-893-1200

Home Medication List

Page: 1

Date: 07/27/23 16:06

Patient: IMAD DAWARA

Medical Record Number: M000347675

Account: V00020770954

Please review the sections of this list carefully, and if you have any questions regarding your medications or medical equipment/supplies, contact your primary care physician.

New Medications (1)

These are new medications to start taking at home.

1. isosorbide mononitrate
30 mg oral daily
Kerry Lanigan, MD
Last Taken: Unknown

Indur

R_x

30 mg tablet extended release 24 hr

Next Due: 7/28 0900

Prescription Printed To Be Given To Patient

Continue Medications (6)

These are your current medications to keep taking at home.

2. aspirin
81 mg oral daily
Florence Unuigbe, MD
Last Taken: 07/25/23 09:00

81 mg tablet, delayed release (DR/EC)

Next Due: 7/28 0900

3. clopidogrel [Plavix]
75 mg oral daily
Florence Unuigbe, MD
Last Taken: 07/25/23 09:00

75 mg tablet

Next Due: 7/28 0900

4. atorvastatin
80 mg oral nightly
Florence Unuigbe, MD
Last Taken: 07/25/23 21:00

80 mg tablet

Next Due: 7/28 2100

5. metoprolol tartrate
50 mg oral twice a day
Florence Unuigbe, MD



Home Medication List

Page: 2

Date: 07/27/23 16:06

Patient: IMAD DAWARA

Medical Record Number: M000347675

Account: V00020770954

Continue Medications (6)

These are your current medications to keep taking at home.

Last Taken: 07/26/23 09:00

50 mg tablet

Next Due:

7/28 0900

6. nitroglycerin

0.4 mg sublingual every 5 minutes as needed

do not exceed 3 doses per episode

PRN Reason: chest pain

Florence Unuigbo, MD

Last Taken: Unknown

0.4 mg tablet, sublingual

Next Due:

as needed

7. pantoprazole

40 mg oral daily @ 0600

Laura Chec, DO

Last Taken: 07/26/23 06:00

40 mg Tablet, Delayed Release (Dr/Ec)

Next Due:

as prescribed



Patient: IMAD DAWARA
Acct Num: V00020770954
Med Rec Num: M000347675
Location: 4L - 4 Lesser
Primary Provider: Lanigan, Kerry
Date: 07/26/23

Patient Visit Information

Patient Instructions:

Received with this packet on 07/27/23 at 16:06
Chest Pain
Coronary Artery Disease
Shortness of Breath

Care Plan Goals:

The ability to resume daily activities as detailed in the discharge plan and discharge instructions.

Activity Restrictions or Additional Instructions:

Discharge Diagnosis:
Stable angina

Follow-Ups:

IMAD DAWARA has been referred to the following clinics/specialists for follow-up care:

1. PCP No Date:

None
None

Prescriptions:

1. isosorbide mononitrate
30 mg oral daily #30 tab
30 mg
tablet extended release 24 hr
Refills: 0

Additional Documents Given:

Patient Discharge Instructions
Home Medications List

Bureau of Prisons Health Services Clinical Encounter

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Plevritis-Ortiz, Alexandra	Facility: FTD	Unit: S02
Encounter Date: 08/27/2023 15:21			

Nursing - Medical Trip Return encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Plevritis-Ortiz, Alexandra RN

Chief Complaint: Medical Trip Return

Subjective: "I feel fine"

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
08/27/2023	15:21 FTD	98.4	36.9		Plevritis-Ortiz, Alexandra RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
08/27/2023	15:21 FTD	71			Plevritis-Ortiz, Alexandra RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
08/27/2023	15:21 FTD	16	Plevritis-Ortiz, Alexandra RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
08/27/2023	15:21 FTD	116/84				Plevritis-Ortiz, Alexandra RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
08/27/2023	15:21 FTD	98		Plevritis-Ortiz, Alexandra RN

Exam:

General

Affect

Yes: Pleasant, Cooperative

Skin

General

Yes: Dry, Skin Intact

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

Cardiovascular

Observation

Yes: Within Normal Limits, Normal Rate

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Plevritis-Ortiz, Alexandra	Facility: FTD	Unit: S02
Encounter Date: 08/27/2023 15:21			

Abdomen**Inspection**

Yes: Within Normal Limits

Gastrointestinal**General**

Yes: Within Normal Limits

ASSESSMENT:

Condition Stable

43 y/o male seen by this writer this afternoon after returning from Deborah Hospital after hours on 8/26/23.

IM ambulated with this writer to health services after visiting with his family. IM was seen on compound and escorted to clinical area for evaluation. Presented as alert and oriented, skin warm and dry and no distress noted. IM reported feeling well, no chest pain, no shortness of breath, no acute issues presently. VS stable and noted in chart. IM was advised to stay at hospital-by-hospital staff to undergo a stress test but refused because testing wouldn't have been completed until Monday or Tuesday this week, according to IM. IM is aware of future 2D echo appointment and cardiology follow up and felt was appropriate to return to facility and wait for future appointments.

IM was made aware to not ignore any chest pains and to report to health services immediately should he have any issues or concerns. IM was receptive to instructions. IM educated on medication compliance give cardiac history.

IM was released from health services and ambulated back to unit.

PLAN:**New Consultation Requests:**

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Emergency Room	11/27/2023	11/27/2023	Urgent	No	

Subtype:

Deborah Heart and Lung

Reason for Request:

As per discharge instructions provided by Deborah inmate is to follow up for ongoing chest pain within 3-5 days. IM was sent to Deborah on 8/26/23 for acute chest pain. IM refused to stay at Deborah over the weekend to have a stress test sometime this week. Felt that it was more appropriate to return to facility and wait on upcoming pending appointments. Discharge instructions uploaded into BEMR for review.

Per MD note, Pt has a hx of unstable angina/non-ST elevation myocardial infarction with symptoms of chest pain/chest pressure radiating to the arm as well as to the jaw. Pt was transferred to Deborah and underwent emergent cardiac catheterization demonstrating severe disease involving the circumflex as well as the left anterior descending artery He underwent drug-eluting stents to both vessels. While hospitalized, he was observed to have non sustained ventricular arrhythmias/PVCs. Chest x-ray was unremarkable. EKG demonstrated normal sinus rhythm with ST-T wave abnormalities. A subsequent echocardiogram and Doppler study demonstrated diastolic dysfunction. Ejection fraction was approximately 55%. Valvular structures appeared normal. Unfortunately, the pt continues to do poorly. He has been complaining of shortness of breath on minimal exertion. There has been orthopnea and PND. He continues to have chest pressure/tightness with radiation to the neck, jaw and arms with increasing fatigue, tiredness and dizziness. IM had acute coronary syndrome mid-July with catheterization and stent placement. Since procedure

Provisional Diagnosis:

Per MD, Pt has a hx of unstable angina/non-ST elevation myocardial infarction with symptoms of chest pain/chest pressure radiating to the arm as well as to the jaw. Pt was transferred to Deborah and underwent emergent cardiac catheterization demonstrating severe disease involving the circumflex as well as the left anterior descending artery He underwent drug-eluting stents to both vessels. While hospitalized, he was

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Plevritis-Ortiz, Alexandra	Facility: FTD	Unit: S02
Encounter Date: 08/27/2023 15:21			

observed to have non sustained ventricular arrhythmias/PVCs. Chest x-ray was unremarkable. EKG demonstrated normal sinus rhythm with ST-T wave abnormalities. A subsequent echocardiogram and Doppler study demonstrated diastolic dysfunction. Ejection fraction was approximately 55%. Valvular structures appeared normal. Unfortunately, the pt continues to do poorly. He has been complaining of shortness of breath on minimal exertion. There has been orthopnea and PND. He continues to have chest pressure/tightness with radiation to the neck, jaw and arms with increasing fatigue, tiredness and dizziness.

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
08/27/2023	Counseling	Access to Care	Plevritis-Ortiz, Alexandra	Verbalizes Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: Yes **By:** Sood, Ravi (MAT) MD

Telephone or Verbal order read back and verified.

Completed by Plevritis-Ortiz, Alexandra RN on 08/27/2023 15:50

Requested to be cosigned by Sood, Ravi (MAT) MD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: O'Brien, William RN	Facility: FTD	Unit: S02
Encounter Date: 08/26/2023 12:37			

Nursing - Protocol: Chest Pain/MI encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: O'Brien, William RN

Chief Complaint: Chest Pain

Subjective: IM reports to HSU with c/o chest pain and pressure into his neck. IM states it started this morning around 9am this morning and was unrelieved with nitroglycerin sublingual x1 dose.

Pain: Yes

Pain Assessment

Date: 08/26/2023 12:38

Location: Chest-Left

Quality of Pain: Stabbing

Pain Scale: 8

Intervention: None

Trauma Date/Year:

Injury:

Mechanism:

Onset: 1-5 Hours

Duration: <30 Minutes

Exacerbating Factors: None

Relieving Factors: None

Reason Not Done:

Comments: IM stated he took nitro tab around 9 am when symptoms began with no relief.

ROS:

Nursing Protocol

Chest Pain/MI/Angina

Yes: Chest pain (Describe: Sharp stabbing pain to left side of chest.), Dizziness, History of HTN or cardiac disease (Describe: NSTEMI hx.), Allergies & health problems reviewed, Medications (prescription and OTC) reviewed

No: Nausea/vomiting, Feeling of impending doom, History of sexual enhancement drugs

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
08/26/2023	12:37 FTD	97.8	36.6		O'Brien, William RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
08/26/2023	12:37 FTD	71			O'Brien, William RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
-------------	-------------	------------------------	-----------------

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: O'Brien, William RN	Facility: FTD	Unit: S02
Encounter Date: 08/26/2023 12:37			

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
08/26/2023	12:37 FTD	18	O'Brien, William RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
08/26/2023	12:37 FTD	126/87				O'Brien, William RN

Blood Glucose:

<u>Date</u>	<u>Time</u>	<u>Value (mg/dl)</u>	<u>Type</u>	<u>Regular Insulin</u>	<u>Provider</u>
08/26/2023	12:45 FTD	125	Random		O'Brien, William RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
08/26/2023	12:37 FTD	99		O'Brien, William RN

Exam:**Nursing Protocol****Chest Pain/MI/Angina**

Yes: Vital Signs w/O2 sat recorded in flowsheet, Lung sounds clear bilaterally, Adequate respiratory effort, Auscultated heart rate and rhythm (Describe: Within normal limits.), 12 lead ECG completed, Adequate capillary refill, Normal skin color, Normal skin temperature, Blood glucose recorded in flowsheet

No: Presence of edema, Diaphoretic, Supplemental oxygen applied, IV Access obtained

ASSESSMENT:

Pain - Chest

IM reports to HSU ambulating on his own from chow with c/o chest pain described as stabbing to left chest 8/10, pressure to his neck, dizziness, and shortness of breath worsening with exertion. IM states the symptoms started around 0900h this morning and he took NTG tab x1 dose with no relief of symptoms. IM then went to chow around 1215pm, and symptoms worsened, and he reported to HSU. MD on call notified and symptoms and findings discussed. IM has a recent Hx of a NONSTEMI with stent placement around 8/16/23.

Assessment:

-EKG performed and NSR noted.

-Orthostatic VS as follows:

LYING- 126/87 HR 71

SITTING- 121/86 HR 84

STANDING- 117/82 HR 85

Plan:

-Send IM to outside hospital ER for further evaluation per on call MD.

PLAN:**New Consultation Requests:**

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Emergency Room	08/26/2023	08/26/2023	Emergent	No	

Subtype:

Deborah Heart and Lung

Reason for Request:

CHEST PAIN RADIATING TO NECK WITH HX OF NONSTEMI AND STENT PLACEMENT 8/16/23.

IM reports to HSU ambulating on his own from chow with c/o chest pain described as stabbing to left chest

Inmate Name: DAWARA, IMAD
 Date of Birth: 10/12/1979
 Encounter Date: 08/26/2023 12:37

Sex: M Race: WHITE
 Provider: O'Brien, William RN

Reg #: 69939-066
 Facility: FTD
 Unit: S02

8/10, pressure to his neck, dizziness, and shortness of breath worsening with exertion. IM states the symptoms started around 0900h this morning and he took NTG tab x1 dose with no relief of symptoms. IM then went to chow around 1215pm, and symptoms worsened, and he reported to HSU. MD on call notified and symptoms and findings discussed. IM has a recent Hx of a NONSTEMI with stent placement around 8/16/23.

Assessment:

-EKG performed and NSR noted.

-Orthostatic VS as follows:

LYING- 126/87 HR 71

SITTING- 121/86 HR 84

STANDING- 117/82 HR 85

Plan:

-Send IM to outside hospital ER for further evaluation per on call MD.

Disposition:

Transfer to Local Hospital

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
08/26/2023	Counseling	Access to Care	O'Brien, William	Verbalizes Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: Yes **By:** Patel, Pradip (MAT) MD

Telephone or Verbal order read back and verified.

Completed by O'Brien, William RN on 08/26/2023 12:59

Requested to be cosigned by Patel, Pradip (MAT) MD.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Sood, Ravi (MAT) MD.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Sood, Ravi (MAT) MD	Facility: FTD	Unit: S02
Encounter Date: 08/21/2023 13:09			

Physician - Follow up Visit encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Sood, Ravi (MAT) MD

Chief Complaint: CARDIAC

Subjective: The patient is 43 years old male. He presents to the chronic care clinic for routine follow up and renewal of his medications- chart review and on his hospitalization and for an evaluation for RIS.

He had recent placement of coronary artery stents. On 08/16/2023 he was sent to ER at Deborah Hospital for SOB and chest pain. He was hospitalized there. Hospital discharge papers are reviewed. As per patient he underwent cardiac stress test. I do not see its report on BEMR. in the interim; he has chest discomfort and SOB when he is in the hot environment. He has started taking the Ranolazine with no problems. Approval of its non-formulary request is pending. The Pharmacist is contacted, and he is provided with the more pills until its approval.

He refuses for the resumption of his mental health medications - Remeron and Buspar and psychotropic pain medication -Duloxetine, which are being offered to him. He attributes this refusal to that the Cardiologist recommended to stop these medications. Cardiologist consultation as of 07/26/2023 is reviewed and his recommendation were discussed with him.

Medications: he is compliant with his medications and tolerates them; OTC medications: one; he is being apprised of the side effects of the medications; GI bleed/black colored stools, and renal surgery are one of the side effects of the ibuprofen.

Exercise: yes; Watchful of his diet: yes; Weight: 205 LBS c.f. 175 LBS as of 03/02/2020. He is being counseled for healthy lifestyle changes including weight reduction by cutting back on calories.

His lab work up is reviewed with him.

07/10/2023
S Cr., GFR WNL
AST/ALT WNL
CH 102, TG 88, HDL 28, LDL 56
TSH WNL
HB%, WBC, PLT WNL
A1C 5.8

Pain: Not Applicable

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
08/21/2023	13:08 FTD	98.4	36.9	Tympanic	Sood, Ravi (MAT) MD

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
-------------	-------------	------------------------	-----------------	---------------	-----------------

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Sood, Ravi (MAT) MD	Facility: FTD	Unit: S02
Encounter Date: 08/21/2023 13:09			

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
08/21/2023	13:08 FTD	54	Radial	Regular	Sood, Ravi (MAT) MD

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
08/21/2023	13:08 FTD	16	Sood, Ravi (MAT) MD

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
08/21/2023	13:08 FTD	95/65	Left Arm	Sitting	Adult-large	Sood, Ravi (MAT) MD

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
08/21/2023	13:08 FTD	98	Room Air	Sood, Ravi (MAT) MD

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
08/21/2023	13:08 FTD	205.0	93.0		Sood, Ravi (MAT) MD

Exam Comments

Examination:

General: Affect: Pleasant, Cooperative; Appearance: Alert and Oriented x 3
 Nutrition: BMI 28.6

Skin: No suspicious skin lesion

Head: General: Atraumatic/Normocephalic

Eyes: General: Extraocular Movements Intact; Visual Fields: Normal Fields
 Conjunctiva and Sclera: No gross abnormality; Cornea and Lens: No gross abnormality

Nose: no gross abnormality

Face: General: Symmetric

Mouth: Tongue: No Lesion(s); Pharynx: No White Plaques

Neck: General: Supple

Thyroid: No: Nodule

Pulmonary: Auscultation: Clear to Auscultation; No Crackles or Rhonchi

Cardiovascular: Auscultation: Regular Rate and Rhythm (RRR), Normal S1 and S2
 No: M/R/G

Vascular: No: Carotid Bruits, Abdominal Bruits, Jugular Venous Distension

Peripheral Vascular: General: No: Edema

Lymphatics: No Regional Lymphadenopathy

Abdomen: Inspection: No: Stigmata of Liver Disease

Palpation: Soft; No Tenderness on Palpation, No Mass(es) or Hepato-Splenomegaly

Neurologic: CN 2-12 Intact Grossly; no focal neurological deficit

Inmate Name: DAWARA, IMAD
 Date of Birth: 10/12/1979
 Encounter Date: 08/21/2023 13:09

Sex: M Race: WHITE
 Provider: Sood, Ravi (MAT) MD

Reg #: 69939-066
 Facility: FTD
 Unit: S02

Mental Health: Posture: Upright; Grooming/Hygiene: Appropriate Grooming
 Affect: Appropriate; Speech/Language: Appropriate; Mood: Appropriate
 Thought Process: Goal Directed; Thought Content: Goal Directed; Recent Memory
 Appropriate; Remote Memory: Appropriate

Musculoskeletal:

Presented to the clinic walking in no distress using no mechanical support such as cane.

Right little toe amputation.

ROM full, Neurovascular functions intact in rest of extremities.

ASSESSMENT:

Angina pectoris, unspecified, I209 - Current
 Body mass index (BMI) 28.0-28.9, adult, Z6828 - Current
 Calculus of kidney, N200 - Current
 Chronic ischemic heart disease, I259 - Current
 Dizziness and giddiness, R42 - Current
 HCV Negative, Z1159-HCV - Current
 Hyperlipidemia, unspecified, E785 - Current
 Hypothyroidism, E039 - Current
 Mental disorder, not otherwise specified, F99 - Current
 Negative Test: HIV, Human immunodeficiency virus, Z717 - Current
 Non-ST elevation (NSTEMI) myocardial infarction, I214 - Current
 Shortness of breath, R0602 - Current
 Unspecified glaucoma, H409 - Current
 Vitamin D deficiency, E559 - Current
 Unspecified Anxiety Disorder, F41.9 - Current

PLAN:

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
603252-FTD	Aspirin 81 MG EC Tab	08/21/2023 13:09
	<u>Prescriber Order:</u> Take one tablet (81 MG) by mouth each day x 365 day(s)	
	Indication: Non-ST elevation (NSTEMI) myocardial infarction	
603255-FTD	Clopidogrel Bisulfate 75 MG Tab	08/21/2023 13:09
	<u>Prescriber Order:</u> Take one tablet (75 MG) by mouth each day x 180 day(s)	
	Indication: Tachycardia, unspecified	
603257-FTD	Metoprolol Tartrate 50 MG Tab	08/21/2023 13:09
	<u>Prescriber Order:</u> Take one tablet (50 MG) by mouth twice daily x 365 day(s)	
	Indication: Tachycardia, unspecified	
603259-FTD	Nitroglycerin SL 0.4 MG Tab [25 count]	08/21/2023 13:09

Inmate Name: DAWARA, IMAD
 Date of Birth: 10/12/1979
 Encounter Date: 08/21/2023 13:09

Sex: M Race: WHITE
 Provider: Sood, Ravi (MAT) MD

Reg #: 69939-066
 Facility: FTD
 Unit: S02

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	<u>Prescriber Order:</u> Place 1 tab under the tongue for chest pain-may repeat every 5 min x 2 more if needed. If no relief, contact medical staff x 180 day(s) Indication: Non-ST elevation (NSTEMI) myocardial infarction	

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
603258-FTD	Mirtazapine 45 MG Tab <u>Prescriber Order:</u> Take one tablet (45 MG) by mouth each evening *consent form on file * Discontinue Type: When Pharmacy Processes Discontinue Reason: Patient Refused Indication:	08/21/2023 13:09
603256-FTD	DULoxetine HCl Delayed Rel 30 MG Cap <u>Prescriber Order:</u> Take three capsules (90 MG) by mouth each evening for pain Discontinue Type: When Pharmacy Processes Discontinue Reason: Patient Refused Indication:	08/21/2023 13:09
603254-FTD	busPIRone 15 MG TAB <u>Prescriber Order:</u> Take one tablet (15 MG) by mouth twice daily *consent form on file * Discontinue Type: When Pharmacy Processes Discontinue Reason: new order written Indication:	08/21/2023 13:09
603271-FTD	Tamsulosin HCl 0.4 MG Cap <u>Prescriber Order:</u> Take one capsule (0.4 MG) by mouth each day Discontinue Type: When Pharmacy Processes Discontinue Reason: status change Indication:	08/21/2023 13:09
601235-FTD	Isosorbide Mononitrate ER 30 MG 24 hour Tab <u>Prescriber Order:</u> Take one tablet (30 MG) by mouth twice daily Discontinue Type: When Pharmacy Processes Discontinue Reason: new order written Indication:	08/21/2023 13:09

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Follow-up Routine follow up.	01/29/2024 00:00	Physician 04

Disposition:

Follow-up at Sick Call as Needed
 Return Immediately if Condition Worsens

Patient Education Topics:

Inmate Name: DAWARA, IMAD
 Date of Birth: 10/12/1979
 Encounter Date: 08/21/2023 13:09

Sex: M Race: WHITE
 Provider: Sood, Ravi (MAT) MD

Reg #: 69939-066
 Facility: FTD
 Unit: S02

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
08/21/2023	Counseling	Access to Care	Sood, Ravi	Verbalizes Understanding

He is being counseled for dietary modifications (reduction in calories: 500 to 750 calories deficit/day, intermittent energy restriction, restriction of simple carbohydrates, saturated fat, and sodium/sugar intake); exercise (150 minutes of moderate exercise per week); medications side effects; diabetes mellitus management; foot care; safety and injury prevention; preventive health; compliance of treatment. Also, plan of care is being discussed. He verbalizes understanding. He is being counseled about hand /respiratory hygiene, protection barrier- wearing of facial mask, social distancing

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Sood, Ravi (MAT) MD on 08/21/2023 15:23

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DAWARA, IMAD	Reg #:	69939-066
Date of Birth:	10/12/1979	Sex:	M
Note Date:	08/18/2023 08:56	Race:	WHITE
		Facility:	FTD
		Unit:	S02
		Provider:	Sood, Ravi (MAT) MD

Cosign Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Sood, Ravi (MAT) MD

The discharge papers are reviewed; his medication reconciliation is done Ranolazine is added.

ASSESSMENTS:

Angina pectoris, unspecified, I209 - Current

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Ranolazine ER 12 Hour Tablet	08/18/2023 08:56
	<u>Prescriber Order:</u> 500 mg Orally - Two Times a Day x 180 day(s)	
	Indication: Non-ST elevation (NSTEMI) myocardial infarction, Chronic ischemic heart disease, Angina pectoris, unspecified	
	Non-Formulary was created for this drug	
	busPIRone Tablet	08/18/2023 08:56
	<u>Prescriber Order:</u> 15 mg Orally - Two Times a Day x 180 day(s)	
	Indication: Unspecified Anxiety Disorder, Mental disorder, not otherwise specified	

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
599906-FTD	Aspirin 81 MG EC Tab	08/18/2023 08:56
	<u>Prescriber Order:</u> Take one tablet (81 MG) by mouth each day x 365 day(s)	
	Indication: Non-ST elevation (NSTEMI) myocardial infarction	
599907-FTD	Atorvastatin 80 MG TAB	08/18/2023 08:56
	<u>Prescriber Order:</u> Take one tablet (80 MG) by mouth every night at bedtime x 180 day(s)	
	Indication: Hyperlipidemia, unspecified	
599924-FTD	Clopidogrel Bisulfate 75 MG Tab	08/18/2023 08:56
	<u>Prescriber Order:</u> Take one tablet (75 MG) by mouth each day x 180 day(s)	
	Indication: Tachycardia, unspecified	
599926-FTD	DULoxetine HCl Delayed Rel 30 MG Cap	08/18/2023 08:56
	<u>Prescriber Order:</u> Take three capsules (90 MG) by mouth each evening for pain x 180 day(s)	
	Indication: Calculus of kidney	
599911-FTD	Metoprolol Tartrate 50 MG Tab	08/18/2023 08:56
	<u>Prescriber Order:</u> Take one tablet (50 MG) by mouth twice daily x 365 day(s)	
	Indication: Tachycardia, unspecified	

599908-FTD Mirtazapine 45 MG Tab

08/18/2023 08:56

Inmate Name:	DAWARA, IMAD	Reg #:	69939-066
Date of Birth:	10/12/1979	Sex:	M Race: WHITE
Note Date:	08/18/2023 08:56	Facility:	FTD
		Unit:	S02
		Provider:	Sood, Ravi (MAT) MD

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	<u>Prescriber Order:</u> Take one tablet (45 MG) by mouth each evening *consent form on file * x 180 day(s) Indication: Unspecified Anxiety Disorder, Mental disorder, not otherwise specified	
599909-FTD	Nitroglycerin SL 0.4 MG Tab [25 count]	08/18/2023 08:56
	<u>Prescriber Order:</u> Place 1 tab under the tongue for chest pain-may repeat every 5 min x 2 more if needed. If no relief, contact medical staff x 180 day(s) Indication: Non-ST elevation (NSTEMI) myocardial infarction	
599910-FTD	Tamsulosin HCl 0.4 MG Cap	08/18/2023 08:56
	<u>Prescriber Order:</u> Take one capsule (0.4 MG) by mouth each day x 180 day(s) Indication: Calculus of kidney	

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Sood, Ravi (MAT) MD on 08/18/2023 09:03

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DAWARA, IMAD	Reg #:	69939-066
Date of Birth:	10/12/1979	Sex:	M Race: WHITE
Note Date:	08/18/2023 08:53	Provider:	Sood, Ravi (MAT) MD
		Facility:	FTD
		Unit:	S02

Cosign Note - Clinical Encounter Cosign encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Sood, Ravi (MAT) MD

Post hospitalization medical trip note by the RN is reviewed; he is being scheduled in the clinic,

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Follow-up	08/28/2023 00:00	Physician 04
follow up on his hospitalization		

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Sood, Ravi (MAT) MD on 08/18/2023 08:55

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DAWARA, IMAD
Date of Birth: 10/12/1979
Encounter Date: 08/17/2023 19:51

Sex: M Race: WHITE
Provider: Orapello, Brian RN

Reg #: 69939-066
Facility: FTD
Unit: S02

Nursing - Medical Trip Return encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Orapello, Brian RN

Chief Complaint: Other Problem

Subjective: Inmate is a trip return from Deborah heart and Lung hospital

Pain: No

OBJECTIVE:

Exam:

General

Affect

Yes: Cooperative

Appearance

Yes: Alert and Oriented x 3

Face

General

Yes: Symmetric

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

Gastrointestinal

General

Yes: Within Normal Limits

Genitourinary

General

Yes: Within Normal Limits

Neurologic

Cranial Nerves (CN)

Yes: Within Normal Limits

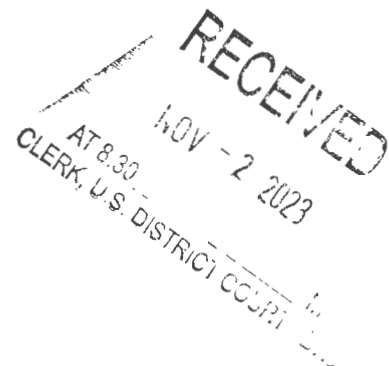
ASSESSMENT:

Other

Inmate is a trip return from Deborah Hosp. AAOx3. Ambulatory under own power. In no apparent distress at this time. VS stable.

Discharge Diagnosis:
Non-cardiac chest pain

Plan:



Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Orapello, Brian RN	Facility: FTD	Unit: S02
Encounter Date: 08/17/2023 19:51			

Recommended by ER Physician: Ranolazine 500mg bid
 Referred to Primary physician.

Paperwork to be scanned into BEMR

PLAN:

Disposition:

Follow-up at Sick Call as Needed
 Return Immediately if Condition Worsens

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
08/17/2023	Counseling	Access to Care	Orapello, Brian	Verbalizes Understanding
08/17/2023	Counseling	Plan of Care	Orapello, Brian	Verbalizes Understanding

Copay Required: No **Cosign Required:** Yes
Telephone/Verbal Order: Yes **By:** Sood, Ravi (MAT) MD
Telephone or Verbal order read back and verified.

Completed by Orapello, Brian RN on 08/17/2023 19:55
 Requested to be cosigned by Sood, Ravi (MAT) MD.
 Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	DAWARA, IMAD	Sex:	M	Reg #:	69939-066
Date of Birth:	10/12/1979	Provider:	Orapello, Brian RN	Race:	WHITE
Encounter Date:	08/17/2023 19:51			Facility:	FTD

Cosigned with New Encounter Note by Sood, Ravi (MAT) MD on 08/18/2023 08:53.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DAWARA, IMAD	Reg #:	69939-066
Date of Birth:	10/12/1979	Sex:	M Race: WHITE
Note Date:	08/17/2023 15:43	Facility:	FTD
		Provider:	Sood, Ravi (MAT) MD
		Unit:	S02

Admin Note - Community Hospital Report encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Sood, Ravi (MAT) MD

The patient is 43 years old male. He had recent placement of coronary artery stents. on 08/16/2023 he was sent to ER at Deborah Hospital for SOB and chest pain.

I called the hospital. I am awaiting response from the Nurse.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Sood, Ravi (MAT) MD on 08/17/2023 15:48

Bureau of Prisons Health Services Clinical Encounter

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Plevritis-Ortiz, Alexandra	Facility: FTD	Unit: S02
Encounter Date: 08/16/2023 10:50			

Emergency - Chest pain encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Plevritis-Ortiz, Alexandra RN

Chief Complaint: Chest Pain

Subjective: Chest pain

Pain: Not Applicable

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
08/16/2023	10:51 FTD	98.2	36.8		Plevritis-Ortiz, Alexandra RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
08/16/2023	10:51 FTD	91			Plevritis-Ortiz, Alexandra RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
08/16/2023	10:51 FTD	30	Plevritis-Ortiz, Alexandra RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
08/16/2023	10:51 FTD	110/72				Plevritis-Ortiz, Alexandra RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
08/16/2023	10:51 FTD	100	Room Air	Plevritis-Ortiz, Alexandra RN

Exam:

General

Affect

Yes: Anxious

Appearance

Yes: Appears Distressed

Skin

General

Yes: Clammy, Diaphoretic

ASSESSMENT:

Other

Call from LT for Medical Emergency housing unit 5852 common room. Reported as inmate unresponsive appears to be chest pain.

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Plevritis-Ortiz, Alexandra	Facility: FTD	Unit: S02
Encounter Date: 08/16/2023 10:50			

HSU staff arrived in unit to find inmate Dawara #69939-066 laying supine on the the floor, alert and responsive. Clenching chest, moaning, not answering medical staff questions.

Pulse oxygen 98% on room air.

Transferred to stretcher and brought to HSU for further evaluation.

Inmate continues to moan, reports SOB and chest pain to no specific area. Appears very anxious in nature with elevated respirations.

EKG performed, NSR, Reviewed by Dr. Sood. Scanned into inmate chart.

20g Left AC started.

Nitro @ 10:50am VS noted in flow sheets, no change in pain

Nitro @ 10:55am VS noted in flow sheets, no change in pain

10:56am ASA 81mg x 3 tabs given

Nitro @11:03am VS noted in flow sheets, no change in pain

Decision to send to Emergency for: chest pain, acute coronary syndrome, shortness of breath.

PLAN:

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Emergency Room	08/16/2023	08/16/2023	Emergent	No	

Subtype:

Deborah Heart and Lung

Reason for Request:

Call from LT for Medical Emergency housing unit 5852 common room. Reported as inmate unresponsive appears to be chest pain.

HSU staff arrived in unit to find inmate Dawara #69939-066 laying supine on the the floor, alert and responsive. Clenching chest, moaning, not answering medical staff questions.

Pulse oxygen 98% on room air.

Transferred to stretcher and brought to HSU for further evaluation.

Inmate continues to moan, reports SOB and chest pain to no specific area. Appears very anxious in nature with elevated respirations.

EKG performed, NSR, Reviewed by Dr. Sood. Scanned into inmate chart.

20g Left AC started.

Nitro @ 10:50am VS noted in flow sheets, no change in pain

Nitro @ 10:55am VS noted in flow sheets, no change in pain

10:56am ASA 81mg x 3 tabs given

Nitro @11:03am VS noted in flow sheets, no change in pain

Provisional Diagnosis:

Decision to send to Emergency for: chest pain, acute coronary syndrome, shortness of breath.

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Plevritis-Ortiz, Alexandra	Facility: FTD	Unit: S02
Encounter Date: 08/16/2023 10:50			

Disposition:

Transfer to Local Hospital

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
08/16/2023	Counseling	Plan of Care	Plevritis-Ortiz, Alexandra	Verbalizes Understanding
send to hospital for evaluation				

Copay Required: No**Cosign Required:** Yes**Telephone/Verbal Order:** Yes **By:** Sood, Ravi (MAT) MD**Telephone or Verbal order read back and verified.**

Completed by Plevritis-Ortiz, Alexandra RN on 08/16/2023 11:06

Requested to be cosigned by Sood, Ravi (MAT) MD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: DAWARA, IMAD		Reg #: 69939-066
Date of Birth: 10/12/1979	Sex: M Race: WHITE	Facility: FTD
Note Date: 08/07/2023 13:17	Provider: Pugliese, Nicole RN	Unit: S02

Admin Note - Consultation encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Pugliese, Nicole RN

Cardiology consult 7/26/2023 by Dr. Caplan

Assessment:

1) Angina, Unstable

persistent symptomatology despite recent drug-eluting stents to the circumflex and LAD. Because of the worsening symptoms including shortness of breath, chest pains radiating to the jaw and palpitations/lightheadedness, I have asked the patient to be transferred to the hospital for further evaluation.

2) S/P PTCA

DES x2, DHL; drug-eluting stents to the mid LAD as well as circumflex vessels.

3) Renal calculi

4) Atherosclerosis of coronary artery of native heart with angina pectoris

Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris

5) Dizziness

cannot rule out ventricular arrhythmias.

6) Palpitations

Concern for ventricular arrhythmias. I am requesting patient be transferred to the hospital though, regardless, metoprolol should be titrated up as well as at least 24-hour Holter monitoring.

Refer to PCPMD note in Bemr, PCPMD was made aware at time of visit of Cardiologist Recommending Patient be transferred to the hospital for further evaluation and care.

Follow-up after procedure

Follow-up in 6 months

Dictation to be scanned into document manager for MD.

Any additional Order's to be entered as MD see fit.

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Cardiology	01/26/2024	01/26/2024	Routine	No	

Subtype:

Follow Up Evaluation

Reason for Request:

For: Cardiology 6-month follow-up

Reason: As per Cardiology consult 7/26/2023 by Dr. Caplan, 43 y/o male. Pt has a hx of unstable angina/non-ST elevation myocardial infarction with symptoms of chest pain/chest pressure radiating to the arm as well as to the jaw. Pt was transferred to Deborah and underwent emergent cardiac catheterization demonstrating severe disease involving the circumflex as well as the left anterior descending artery. He underwent drug-eluting stents to both vessels. While hospitalized, he was observed to have non sustained ventricular arrhythmias/PVCs. Chest x-ray was unremarkable. EKG demonstrated normal sinus rhythm with

Inmate Name:	DAWARA, IMAD	Sex:	M	Race:	WHITE	Reg #:	69939-066
Date of Birth:	10/12/1979	Provider:	Pugliese, Nicole RN	Facility:	FTD	Unit:	S02
Note Date:	08/07/2023 13:17						

ST-T wave abnormalities. A subsequent echocardiogram and Doppler study demonstrated diastolic dysfunction. Ejection fraction was approximately 55%. Valvular structures appeared normal. Unfortunately, the pt continues to do poorly. He has been complaining of shortness of breath on minimal exertion. There has been orthopnea and PND. He continues to have chest pressure/tightness with radiation to the neck, jaw and arms with increasing fatigue, tiredness and dizziness. He needs immediate attention by being transferred to Deborah heart and lung for further care.

Assessment:

1) Angina

persistent symptomatology despite recent drug-eluting stents to the circumflex and LAD. Because of the worsening symptoms including shortness of breath, chest pains radiating to the jaw and palpitations/lightheadedness, I have asked the patient to be transferred to the hospital for further evaluation.

2) S/P PTCA

3) Renal calculi

4) Atherosclerosis of coronary artery of native heart with angina pectoris

Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris

5) Dizziness

6) Palpitations

Concern for ventricular arrhythmias. Pt be transferred to the hospital though, regardless, metoprolol should be titrated up as well as at least 24-hour Holter monitoring.

Follow-up after procedure

Follow-up in 6 months

Provisional Diagnosis:

unstable angina/non-ST elevation myocardial infarction with symptoms of chest pain/chest pressure radiating to the arm as well as to the jaw. Alcohol dependence, Anxiety, ASHD, Glaucoma, Hyperlipidemia, Hypothyroidism, Old myocardial infarction, Peripheral vertigo, Renal calculi, S/P PTCA, Substance abuse.

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: Yes **By:** Sood, Ravi (MAT) MD

Telephone or Verbal order read back and verified.

Completed by Pugliese, Nicole RN on 08/07/2023 13:48

Requested to be cosigned by Sood, Ravi (MAT) MD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DAWARA, IMAD	Reg #:	69939-066
Date of Birth:	10/12/1979	Sex:	M Race: WHITE
Note Date:	08/04/2023 12:37	Facility:	FTD
		Unit:	S02
		Provider:	Sood, Ravi (MAT) MD

Review Note - Document Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Sood, Ravi (MAT) MD

The clinical note by the PA is reviewed; the Isosorbide was added by the Cardiologist for angina-chest pain, but he is intolerant to this medication; in the interim: his angina is in remission; thus, existing current medication regimen including metoprolol, a beta- blocker is continued. His follow up with Cardiologist is pending. He was advised to return to the health services immediately in case of chest pain or new symptoms.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Sood, Ravi (MAT) MD on 08/04/2023 12:47

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DAWARA, IMAD
Date of Birth: 10/12/1979
Encounter Date: 08/04/2023 09:14

Sex: M Race: WHITE
Provider: Ibe, Chigozie PA-C

Reg #: 69939-066
Facility: FTD
Unit: S02

Mid Level Provider - Follow up Visit encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Ibe, Chigozie PA-C

Chief Complaint: CARDIAC

Subjective: 43 y/o male with cardiac problems (Angina Pectoris). He was prescribed Isosorbide ER 30 mg BID by his PCPT MD but the patient takes is once daily and said he takes it so, because that was what his outside Cardiologist recommended for him. He initially c/o severe headaches with that medication and requested for an alternative. This was discussed with the PCPT MD who suggested to get a refusal form from the patient but make sure he has sublingual Nitroglycerin ordered for him. The patient was advised there is no other substitute for Isosorbide. He said he will continue to take it once daily but will never refuse the Isosorbide. Thye patient does have Nitroglycerin sublingual 0.4 prn. He denied chest pain.

Pain: Yes

Pain Assessment

Date: 08/04/2023 09:20
Location: Head
Quality of Pain: Aching
Pain Scale: 1
Intervention: evaluate
Trauma Date/Year:
Injury:
Mechanism:
Onset: 1-2 Weeks
Duration: 1-2 Weeks
Exacerbating Factors: ADLs, medication side effect.
Relieving Factors: Rest
Reason Not Done:
Comments:

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
08/04/2023	09:29 FTD	98.1	36.7	Oral	Ibe, Chigozie PA-C

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
08/04/2023	09:29 FTD	68	Via Machine	Regular	Ibe, Chigozie PA-C

Respirations:

Date	Time	Rate Per Minute	Provider
08/04/2023	09:29 FTD	18	Ibe, Chigozie PA-C

Inmate Name: DAWARA, IMAD
 Date of Birth: 10/12/1979
 Encounter Date: 08/04/2023 09:14

Sex: M Race: WHITE
 Provider: Ibe, Chigozie PA-C

Reg #: 69939-066
 Facility: FTD
 Unit: S02

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
08/04/2023	09:29 FTD	103/78	Left Arm	Sitting	Adult-large	Ibe, Chigozie PA-C

SaO2:

Date	Time	Value(%)	Air	Provider
08/04/2023	09:29 FTD	100	Room Air	Ibe, Chigozie PA-C

Height:

Date	Time	Inches	Cm	Provider
08/04/2023	09:29 FTD	71.0	180.3	Ibe, Chigozie PA-C

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
08/04/2023	09:29 FTD	200.0	90.7		Ibe, Chigozie PA-C

Exam:**General****Appearance**

Yes: Appears Well, Alert and Oriented x 3, Alert & Oriented to Person, Alert & Oriented to Place, Alert & Oriented to Time

No: Appears Distressed

Skin**General**

Yes: Within Normal Limits, Dry, Skin Intact

No: Warmth, Clammy, Cool, Diaphoretic

Pulmonary**Observation/Inspection**

Yes: Within Normal Limits

No: Coughing, severe w production green/brown mucus, Apneic, Respiratory Distress, Tachypnea, Hyperventilation

Auscultation

Yes: Clear to Auscultation, Vesicular Breath Sounds Bilaterally, Bronchial Breath Sounds

No: Egophony, Tactile Fremitus, Whispered Pectoriloquy, Bronchophony

ASSESSMENT:

Chest pain, unspecified, R079 - Remission

Shortness of breath, R0602 - Remission

PLAN:**Disposition:**

Follow-up at Sick Call as Needed

Follow-up at Chronic Care Clinic as Needed

Other:

The patient is advised to increase water intakes and reduce caffeine intakes. Continue with the current medication treatment.

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
----------------	--------	---------------	----------	---------

Inmate Name: DAWARA, IMAD
 Date of Birth: 10/12/1979
 Encounter Date: 08/04/2023 09:14

Sex: M Race: WHITE
 Provider: Ibe, Chigozie PA-C

Reg #: 69939-066
 Facility: FTD
 Unit: S02

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
08/04/2023	Counseling	Access to Care	Ibe, Chigozie	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Ibe, Chigozie PA-C on 08/04/2023 09:42

Requested to be reviewed by Sood, Ravi (MAT) MD.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DAWARA, IMAD	Reg #:	69939-066
Date of Birth:	10/12/1979	Sex:	M
Note Date:	07/20/2023 07:38	Race:	WHITE
		Facility:	FTD
		Unit:	S02
		Provider:	Ibe, Chigozie PA-C

Cosign Note - Clinical Encounter Cosign encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Ibe, Chigozie PA-C

The patient was being prepared for transfer to a local ER but this was overruled by the PCPT MD who determined that since all the PE and medical machines tests are concluding that this inmate's chest pain was more of chest wall origin than from the heart, he would be better managed in-house. So he was not sent out to the local ER as was originally planned.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Ibe, Chigozie PA-C on 07/20/2023 07:43

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DAWARA, IMAD
Date of Birth: 10/12/1979
Encounter Date: 07/19/2023 13:03

Sex: M Race: WHITE
Provider: Newbury, R. RN

Reg #: 69939-066
Facility: FTD
Unit: S02

Nursing - Protocol: Chest Pain/MI encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Newbury, R. RN

Chief Complaint: Chest Pain

Subjective: Pt co 9/10 chest pain and SOB x 4hrs

Pain: Yes

Pain Assessment

Date: 07/19/2023 11:42

Location: Chest-Left

Quality of Pain: Aching

Pain Scale: 9

Intervention: MLP

Trauma Date/Year:

Injury:

Mechanism:

Onset: 6-12 Hours

Duration: 6-12 Hours

Exacerbating Factors: Movement

Relieving Factors: None

Reason Not Done:

Comments:

ROS:

Nursing Protocol

Chest Pain/MI/Angina

Yes: Chest pain, Dizziness, History of HTN or cardiac disease, Allergies & health problems reviewed, Medications (prescription and OTC) reviewed

No: Nausea/vomiting, Feeling of impending doom, History of sexual enhancement drugs

OBJECTIVE:

Exam:

Nursing Protocol

Chest Pain/MI/Angina

Yes: Vital Signs w/O2 sat recorded in flowsheet, Lung sounds clear bilaterally, Adequate respiratory effort, Auscultated heart rate and rhythm, 12 lead ECG completed, Adequate capillary refill, Normal skin color, Normal skin temperature

No: Presence of edema, Diaphoretic, Blood glucose recorded in flowsheet, Supplemental oxygen applied, IV Access obtained

ASSESSMENT:

Inmate Name: DAWARA, IMAD
 Date of Birth: 10/12/1979
 Encounter Date: 07/19/2023 13:03

Sex: M Race: WHITE
 Provider: Newbury, R. RN

Reg #: 69939-066
 Facility: FTD
 Unit: S02

Pain - Chest

43 yo male with a history of Hypothyroidism - Subclinical Hypothyroidism - Vitamin D deficiency - hyperlipidemia - Alcohol Use Disorder - Opioid Use Disorder: Severe Current - Anxiety Disorder - Chronic depression Non-ST elevation (NSTEMI) myocardial infarction Current Chronic ischemic heart disease.

Pt complains of left sided 9/10 chest pain that radiates laterally on palpation. Pt states he was at rest when the pain started.

Pt also appears very anxious.

EKG obtained and appears NSR and compares to one obtained 6/20/23. Pt claims sob. Chest rise/fall symmetrical, lungs clear. POX 99% on room air.

Pt denies any gi/gu distress.

MLP in to examine and orders Toradol 60mg IM.

Pt is not experiencing any relief after treatment.

Decision is made to send pt to the hospital to evaluate chest pain unrelieved by treatment with hx Non-ST elevation (NSTEMI) myocardial infarction.

PLAN:

Copay Required: Yes

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Newbury, R. RN on 07/19/2023 13:04

Requested to be cosigned by Ahmed, F. (MAT) DO.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Ibe, Chigozie PA-C.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: DAWARA, IMAD		Reg #: 69939-066
Date of Birth: 10/12/1979	Sex: M Race: WHITE	Facility: FTD
Note Date: 07/28/2023 08:08	Provider: Sood, Ravi (MAT) MD	Unit: S02

Cosign Note - Clinical Encounter Cosign encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Sood, Ravi (MAT) MD
His medication reconciliation is done

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Isosorbide Mononitrate ER 24 hour Tablet	07/28/2023 08:08
	<u>Prescriber Order:</u> 30 mg Orally - Two Times a Day x 180 day(s)	
	Indication: Non-ST elevation (NSTEMI) myocardial infarction, Chronic ischemic heart disease	

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Isosorbide Mononitrate ER 24 hour Tablet	07/28/2023 08:08
	<u>Prescriber Order:</u> 30mg Orally - daily x 30 day(s)	
	Discontinue Type: When Pharmacy Processes	
	Discontinue Reason: new order written	
	Indication:	

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Sood, Ravi (MAT) MD on 07/28/2023 08:10

Bureau of Prisons Health Services Clinical Encounter

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Martz, Stephanie RN	Facility: FTD	Unit: S02
Encounter Date: 07/27/2023 19:56			

Nursing - Medical Trip Return encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Martz, Stephanie RN

Chief Complaint: Medical Trip Return

Subjective: inmate returned after hours s/p medical trip return

Pain: Not Applicable

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
07/27/2023	19:56 FTD	98.0	36.7		Martz, Stephanie RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
07/27/2023	19:56 FTD	101			Martz, Stephanie RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
07/27/2023	19:56 FTD	18	Martz, Stephanie RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
07/27/2023	19:56 FTD	99	Room Air	Martz, Stephanie RN

ASSESSMENT:

No Significant Findings/No Apparent Distress

inmate started on isosorbide mononitrate 30mg

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Isosorbide Mononitrate ER 24 hour Tablet	07/27/2023 19:56
	<u>Prescriber Order:</u> 30mg Orally - daily x 30 day(s)	

Disposition:

Discharged to Housing Unit with Convalescence

Follow-up at Sick Call as Needed

Follow-up at Chronic Care Clinic as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
-----------------------	---------------	----------------------	-----------------	----------------

Inmate Name: DAWARA, IMAD
 Date of Birth: 10/12/1979
 Encounter Date: 07/27/2023 19:56

Sex: M Race: WHITE
 Provider: Martz, Stephanie RN

Reg #: 69939-066
 Facility: FTD
 Unit: S02

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/27/2023	Counseling	Access to Care	Martz, Stephanie	Verbalizes Understanding

Copay Required: No **Cosign Required:** Yes
Telephone/Verbal Order: Yes **By:** Sood, Ravi (MAT) MD
Telephone or Verbal order read back and verified.

Completed by Martz, Stephanie RN on 07/27/2023 19:59
 Requested to be cosigned by Sood, Ravi (MAT) MD.
 Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DAWARA, IMAD	Reg #:	69939-066
Date of Birth:	10/12/1979	Sex:	M Race: WHITE
Note Date:	07/27/2023 10:08	Facility:	FTD
		Provider:	Sood, Ravi (MAT) MD
		Unit:	S02

Admin Note - Community Hospital Report encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Sood, Ravi (MAT) MD

The patient is 43 years old male. He had recent placement of coronary artery stents. On 07/26/2026 he was sent to ER at Deborah Hospital for SOB and chest pain as per Cardiologist recommendation.

His troponins, D -Dimer and CXR are negative; today, he is posted for cardiac stress test and cardiac 2 D echo.

Vitals stable

Plan of discharge is not known at this time.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Sood, Ravi (MAT) MD on 07/27/2023 10:14

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Sood, Ravi (MAT) MD	Facility: FTD	Unit: S02
Encounter Date: 07/26/2023 10:40			

Cosign Note - Clinical Encounter Cosign encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Sood, Ravi (MAT) MD

Chief Complaint: CARDIAC

Subjective: The note by the RN including today's Cardiologist recommendation to refer to the hospital for further evaluation is reviewed.

The patient is 43 years old male.

Today, his BP is in normotensive range.

History as of clinical encounter as of 07/13/2023 is reviewed.

CAD - S/P placement to drug eluting stents in mid left circumflex and mid LAD coronary arteries on 06/11/2023 at Deborah Hospital when he was sent to this hospital chest pain; post stenting on 06/20/2023 he was referred to ER at Deborah Hospital for worsening SOB where he was hospitalized for two days; in the interim: he has been complaint with his discharge medications including blood thinner medications and tolerates them; he is being counseled to avoid physical altercation as being on blood thinner medication.

In the interim: he was told by the hospital Cardiologist to try exercise after two weeks and gradually increase it; he walks on treadmill half an hour 3-4 times a week; at the end of exercise feels tired and chest discomfort; he denies use of NTG; no: swelling on feet or PND. he is being counseled to stop treadmill exercise and to start 15 minutes of routine walking daily and use NTG if gets chest pain on walking; he would report to me in the clinic after a week about his chest pain/exercise tolerance. Today, an EKG is obtained and compared with previous EKG.

Today, he presents FTD ER with persisting symptomatology - chesty pain and SOB. Today, an EKG is obtained and compared with previous EKG.

Plan of care

As per Cardiologist recommendation he is referred to ER at Deborah hospital for further evaluation.

Pain: Not Applicable

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
07/26/2023	10:45 FTD	98.2	36.8	Tympanic	Sood, Ravi (MAT) MD

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
07/26/2023	10:45 FTD	82	Radial	Regular	Sood, Ravi (MAT) MD

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
-------------	-------------	------------------------	-----------------

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Sood, Ravi (MAT) MD	Facility: FTD	Unit: S02
Encounter Date: 07/26/2023 10:40			

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
07/26/2023	10:45 FTD	16	Sood, Ravi (MAT) MD

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
07/26/2023	10:45 FTD	114/75	Left Arm	Sitting	Adult-large	Sood, Ravi (MAT) MD

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
07/26/2023	10:45 FTD	100	Room Air	Sood, Ravi (MAT) MD

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
07/26/2023	10:45 FTD	208.0	94.3		Sood, Ravi (MAT) MD

Exam comments

Examination:

General: Affect: Pleasant, Cooperative; Appearance; Alert and Oriented x 3

Nutrition: BMI 29

Skin: No suspicious skin lesion

Head: General: Atraumatic/Normocephalic

Eyes: General: Extraocular Movements Intact; Visual Fields: Normal Fields

Conjunctiva and Sclera: No gross abnormality; Cornea and Lens: No gross abnormality

Nose: no gross abnormality

Face: General: Symmetric

Mouth: Tongue: No Lesion(s); Pharynx: No White Plaques

Neck: General: Supple

Thyroid: No: Nodule

Pulmonary: Auscultation: Clear to Auscultation; No Crackles or Rhonchi

Cardiovascular: Auscultation: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

Vascular: No: Carotid Bruits, Abdominal Bruits, Jugular Venous Distension

Peripheral Vascular: General: No: Edema

Lymphatics: No Regional Lymphadenopathy

Abdomen: Inspection: No: Stigmata of Liver Disease

Palpation: Soft; No Tenderness on Palpation, No Mass(es) or Hepato-Splenomegaly

Neurologic: CN 2-12 Intact Grossly; no focal neurological deficit

Mental Health: Posture: Upright; Grooming/Hygiene; Appropriate Grooming

Affect: Appropriate; Speech/Language: Appropriate; Mood: Appropriate

Thought Process: Goal Directed; Thought Content: Goal Directed; Recent Memory

Appropriate; Remote Memory: Appropriate

Inmate Name: DAWARA, IMAD
 Date of Birth: 10/12/1979
 Encounter Date: 07/26/2023 10:40

Sex: M Race: WHITE
 Provider: Sood, Ravi (MAT) MD

Reg #: 69939-066
 Facility: FTD
 Unit: S02

Musculoskeletal:

Gait normal.

Presented to the clinic walking in no distress using no mechanical support such as cane.

ASSESSMENT:

Chronic ischemic heart disease, I259 - Current
 Non-ST elevation (NSTEMI) myocardial infarction, I214 - Current
 Shortness of breath, R0602 - Current

PLAN:

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Emergency Room	07/26/2023	07/26/2023	Routine	No	

Subtype:

Deborah Heart and Lung

Reason for Request:

The note by the RN including today's Cardiologist recommendation to refer to the hospital for further evaluation is reviewed.

The patient is 43 years old male.

Today, his BP is in normotensive range.

History as of clinical encounter as of 07/13/2023 is reviewed.

CAD - S/P placement to drug eluting stents in mid left circumflex and mid LAD coronary arteries on 06/11/2023 at Deborah Hospital when he was sent to this hospital chest pain; post stenting on 06/20/2023 he was referred to ER at Deborah Hospital for worsening SOB where he was hospitalized for two days; in the interim: he has been complaint with his discharge medications including blood thinner medications and tolerates them; he is being counseled to avoid physical altercation as being on blood thinner medication.

In the interim: he was told by the hospital Cardiologist to try exercise after two weeks and gradually increase it; he walks on treadmill half an hour 3-4 times a week; at the end of exercise feels tired and chest discomfort; he denies use of NTG; no: swelling on feet or PND. he is being counseled to stop treadmill exercise and to start 15 minutes of routine walking daily and use NTG if gets chest pain on walking; he would report to me in the clinic after a week about his chest pain/exercise tolerance. Today, an EKG is obtained and compared with previous EKG.

Today, he presents FTD ER with persisting symptomatology - chesty pain and SOB. Today, an EKG is obtained and compared with previous EKG.

Plan of care

As per Cardiologist recommendation he is referred to ER at Deborah hospital for further evaluation.

Provisional Diagnosis:

CAD - Post stenting persisting chest pain SOB

Disposition:

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Sood, Ravi (MAT) MD	Facility: FTD	Unit: S02
Encounter Date: 07/26/2023 10:40			

Follow-up at Sick Call as Needed

Return Immediately if Condition Worsens

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/26/2023	Counseling	Access to Care	Sood, Ravi	Verbalizes Understanding

Copay Required: No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Sood, Ravi (MAT) MD on 07/26/2023 10:53

Deborah Heart and Lung Center
200 Trenton Road
Browns Mills, N.J. 08015-1799
(609)893-6611

Dept. 709

DRMN:

Account Number: V00020770954
ADM OBSO

CPT Code: 93306

TRANSTHORACIC ECHOCARDIOGRAM REPORT

Patient Name: IMAD DAWARA Date of Exam: 7/27/2023
Medical Rec #: M000347675 Location: Echo Lab
Accession #: G0000974008 BP: 122/72 mmHg
Date of Birth: 10/12/1979 Age: 43 years Gender: M
Height: 172.72 cm Weight: 92.99 kg BSA: 2.07 m²

Indications: Chest pain, unspecified - R07.9; Diagnosis:
Atherosclerotic heart disease of native
coronary artery with unstable angina pectoris -
I25.110

Sonographer: TZ Fellow: None
Ordering Phys: Kerry Lanigan MD Report CC'd: ,

Study Comments: Ultrasound contrast imaging agent was utilized for opacification of the left ventricular cavity and assessment of wall motion.

M-Mode: 2D: TL Doppler: Color Flow:

Key: S = Satisfactory; TL = Technically difficult and sub-optimal images; NP = Not performed

QUANTITATIVE DATA SUMMARY:

M-Mode Measurements: Left Ventricle: Data Normal

LA: 3.50 cm

Ao: 3.60 cm

Right Ventricle: Data Normal

TAPSE: 1.3 cm (≥ 1.7)

2D MEASUREMENTS:

Left Ventricle: Data Normal

IVSd: 0.88 cm

LVPWd: 0.81 cm

LVIDd: 4.68 cm

LVIDs: 3.01 cm

LV FS: 35.7 % ($>30\%$)

LV EF: 65.2 % ($>50\%$)



Right Ventricle: Data Normal
RV S' Vmax 0.10 m/s

Aorta: Data Normal
Ao Sinus: 3.7 cm
Ao ST junct 3.6 cm
Asc Ao: 3.3 cm

LA Volumes:
LA Vol s, MOD A4C: 24.5 ml
LA Vol s, MOD A2C: 56.5 ml
LA Vol s, MOD BP: 37.8 ml
LA Vol s, MOD BP Indx: 18.30 ml/m² ½

LV SYSTOLIC FUNCTION (MOD):
Normal(M) Normal(F)
EF-A4C View: 57.4 %
EF-A2C View: 63.3 %
LVEDV: 137.4 ml (<=74ml/m²) (<=61ml/m²)
LVESV: 53.6 ml (<=31ml/m²) (<=24ml/m²)
EF-Biplane: 61.0 %

LV DIASTOLIC FUNCTION:

MV Peak E: 62.1 cm/s
MV Peak A: 72.8 cm/s
E/A Ratio: 0.9
Septal e': 7.7 cm/s
Septal a': 10.4 cm/s
Lateral e': 12.8 cm/s
Lateral a': 12.1 cm/s
Septal e'/a': 0.7
Lateral e'/a': 1.1
Septal E/e': 8.0
Lateral E/e': 4.9
E/e' avg: 6.4
MV Decel Time: 177 msec
LV IVRT: 111 msec
MV A Dur: 103 msec

MITRAL VALVE:

MV A dur: 103 msec

AORTIC VALVE:

AoV Max Vel: 1.10 m/s
AoV VTI: 20.9 cm
AoV Peak PG: 4.8 mmHg
AoV Mean PG: 3.0 mmHg
LVOT Max Vel: 1.05 m/s
LVOT VTI: 18.6 cm



Name: DAWARA,IMAD
M.R.#: M000347675

Dept. 709

LVOT Peak PG: 4 mmHg
LVOT Mean PG: 2.0 mmHg
LVOT Diameter: 2.05 cm
LV Stroke Volume Index: 29.71 ml/m² ½
AoV Area, Vmax: 3.15 cm² ½
AoV Area, VTI: 2.94 cm² ½
AoV Area, Vmn: 2.98 cm² ½
AoV Dimen Index: 0.89

PULMONIC VALVE:

PV Max Vel: 0.9 m/s
PV Max PG: 3.5 mmHg
PV Mean PG: 2.0 mmHg

FINDINGS:

Left Ventricle: Poorly visualized left ventricle. LV chamber size appears normal with overall normal myocardial thickness and systolic function. The apex was not well visualized. Left ventricular ejection fraction is estimated at 55 to 60%. Diastolic parameters imply normal diastolic function.

Left Atrium: Normal-appearing left atrium.

Right Ventricle: Grossly normal-appearing right ventricle with normal systolic function.

Right Atrium: Poorly visualized but normal-appearing right atrium.

Aortic Valve: Poorly visualized but normal-appearing, trileaflet aortic valve without stenosis or regurgitation.

Mitral Valve: Normal-appearing mitral valve leaflets without stenosis or regurgitation.

Tricuspid Valve: Normal-appearing tricuspid valve without stenosis or regurgitation.

Pulmonic Valve: Poorly visualized but normal-appearing pulmonic valve without stenosis or regurgitation.

Aorta: Poorly visualized. The aortic root is not dilated. The proximal portion of ascending thoracic aorta is measured at 3.3 cm.

Pulmonary Artery: The pulmonary artery was not well visualized. Peak pulmonary systolic pressure could not be accurately assessed.

Pericardium: Poorly visualized. No discrete pericardial effusion. Pericardial adipose tissue is noted.

CONCLUSIONS:

Technically suboptimal 2D echocardiogram.

1. Poorly visualized left ventricle. LV chamber size appears normal with overall normal myocardial thickness and systolic function. The apex was not well visualized. Left ventricular ejection fraction is estimated at 55 to 60%.

Diastolic parameters imply normal diastolic function.

2. Normal-appearing right ventricle with normal systolic function.

3. Normal-appearing atria.



4. No significant valvular abnormalities are appreciated _see above.
5. Peak pulmonary artery systolic pressure could not be accurately assessed.
6. Compared to previous report from June 2023 the apex was not clearly visualized and cannot exclude true apical hypokinesis on today's study, otherwise, no significant changes are appreciated.

David Altimore DO, FACC, FACOI.
Electronically signed by ALTIMORED David Altimore DO, FACC, FACOI
Signature Date/Time: 7/27/2023 at 12:18:50 PM

*** Final ***



**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DAWARA, IMAD
Date of Birth: 10/12/1979
Encounter Date: 08/27/2023 15:21

Sex: M Race: WHITE
Provider: Plevritis-Ortiz, Alexandra

Reg #: 69939-066
Facility: FTD
Unit: S02

Nursing - Medical Trip Return encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Plevritis-Ortiz, Alexandra RN

Chief Complaint: Medical Trip Return

Subjective: "I feel fine"

Pain: No

RECEIVED
NOV - 2 2023
AT 8:30
CLERK, U.S. DISTRICT COURT - DNJ

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
08/27/2023	15:21 FTD	98.4	36.9		Plevritis-Ortiz, Alexandra RN

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
08/27/2023	15:21 FTD	71			Plevritis-Ortiz, Alexandra RN

Respirations:

Date	Time	Rate Per Minute	Provider
08/27/2023	15:21 FTD	16	Plevritis-Ortiz, Alexandra RN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
08/27/2023	15:21 FTD	116/84				Plevritis-Ortiz, Alexandra RN

SaO2:

Date	Time	Value(%)	Air	Provider
08/27/2023	15:21 FTD	98		Plevritis-Ortiz, Alexandra RN

Exam:

General

Affect

Yes: Pleasant, Cooperative

Skin

General

Yes: Dry, Skin Intact

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

Cardiovascular

Observation

Yes: Within Normal Limits, Normal Rate

Inmate Name: DAWARA, IMAD
 Date of Birth: 10/12/1979
 Encounter Date: 08/27/2023 15:21

Sex: M Race: WHITE
 Provider: Plevritis-Ortiz, Alexandra

Reg #: 69939-066
 Facility: FTD
 Unit: S02

Abdomen

Inspection

Yes: Within Normal Limits

Gastrointestinal

General

Yes: Within Normal Limits

ASSESSMENT:

Condition Stable

43 y/o male seen by this writer this afternoon after returning from Deborah Hospital after hours on 8/26/23.

IM ambulated with this writer to health services after visiting with his family. IM was seen on compound and escorted to clinical area for evaluation. Presented as alert and oriented, skin warm and dry and no distress noted. IM reported feeling well, no chest pain, no shortness of breath, no acute issues presently. VS stable and noted in chart. IM was advised to stay at hospital-by-hospital staff to undergo a stress test but refused because testing wouldn't have been completed until Monday or Tuesday this week, according to IM. IM is aware of future 2D echo appointment and cardiology follow up and felt was appropriate to return to facility and wait for future appointments.

IM was made aware to not ignore any chest pains and to report to health services immediately should he have any issues or concerns. IM was receptive to instructions. IM educated on medication compliance give cardiac history.

IM was released from health services and ambulated back to unit.

PLAN:

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Emergency Room	11/27/2023	11/27/2023	Urgent	No	

Subtype:

Deborah Heart and Lung

Reason for Request:

As per discharge instructions provided by Deborah inmate is to follow up for ongoing chest pain within 3-5 days. IM was sent to Deborah on 8/26/23 for acute chest pain. IM refused to stay at Deborah over the weekend to have a stress test sometime this week. Felt that it was more appropriate to return to facility and wait on upcoming pending appointments. Discharge instructions uploaded into BEMR for review.

Per MD note, Pt has a hx of unstable angina/non-ST elevation myocardial infarction with symptoms of chest pain/chest pressure radiating to the arm as well as to the jaw. Pt was transferred to Deborah and underwent emergent cardiac catheterization demonstrating severe disease involving the circumflex as well as the left anterior descending artery. He underwent drug-eluting stents to both vessels. While hospitalized, he was observed to have non sustained ventricular arrhythmias/PVCs. Chest x-ray was unremarkable. EKG demonstrated normal sinus rhythm with ST-T wave abnormalities. A subsequent echocardiogram and Doppler study demonstrated diastolic dysfunction. Ejection fraction was approximately 55%. Valvular structures appeared normal. Unfortunately, the pt continues to do poorly. He has been complaining of shortness of breath on minimal exertion. There has been orthopnea and PND. He continues to have chest pressure/tightness with radiation to the neck, jaw and arms with increasing fatigue, tiredness and dizziness. IM had acute coronary syndrome mid-July with catheterization and stent placement. Since procedure

Provisional Diagnosis:

Per MD, Pt has a hx of unstable angina/non-ST elevation myocardial infarction with symptoms of chest pain/chest pressure radiating to the arm as well as to the jaw. Pt was transferred to Deborah and underwent emergent cardiac catheterization demonstrating severe disease involving the circumflex as well as the left anterior descending artery. He underwent drug-eluting stents to both vessels. While hospitalized, he was

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Plevritis-Ortiz, Alexandra	Facility: FTD	Unit: S02
Encounter Date: 08/27/2023 15:21			

observed to have non sustained ventricular arrhythmias/PVCs. Chest x-ray was unremarkable. EKG demonstrated normal sinus rhythm with ST-T wave abnormalities. A subsequent echocardiogram and Doppler study demonstrated diastolic dysfunction. Ejection fraction was approximately 55%. Valvular structures appeared normal. Unfortunately, the pt continues to do poorly. He has been complaining of shortness of breath on minimal exertion. There has been orthopnea and PND. He continues to have chest pressure/tightness with radiation to the neck, jaw and arms with increasing fatigue, tiredness and dizziness.

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
08/27/2023	Counseling	Access to Care	Plevritis-Ortiz, Alexandra	Verbalizes Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: Yes **By:** Sood, Ravi (MAT) MD

Telephone or Verbal order read back and verified.

Completed by Plevritis-Ortiz, Alexandra RN on 08/27/2023 15:50

Requested to be cosigned by Sood, Ravi (MAT) MD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: O'Brien, William RN	Facility: FTD	Unit: S02
Encounter Date: 08/26/2023 12:37			

Nursing - Protocol: Chest Pain/MI encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: O'Brien, William RN

Chief Complaint: Chest Pain

Subjective: IM reports to HSU with c/o chest pain and pressure into his neck. IM states it started this morning around 9am this morning and was unrelieved with nitroglycerin sublingual x1 dose.

Pain: Yes

Pain Assessment

Date: 08/26/2023 12:38

Location: Chest-Left

Quality of Pain: Stabbing

Pain Scale: 8

Intervention: None

Trauma Date/Year:

Injury:

Mechanism:

Onset: 1-5 Hours

Duration: <30 Minutes

Exacerbating Factors: None

Relieving Factors: None

Reason Not Done:

Comments: IM stated he took nitro tab around 9 am when symptoms began with no relief.

ROS:

Nursing Protocol

Chest Pain/MI/Angina

Yes: Chest pain (Describe: Sharp stabbing pain to left side of chest.), Dizziness, History of HTN or cardiac disease (Describe: NSTEMI hx.), Allergies & health problems reviewed, Medications (prescription and OTC) reviewed

No: Nausea/vomiting, Feeling of impending doom, History of sexual enhancement drugs

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
08/26/2023	12:37 FTD	97.8	36.6		O'Brien, William RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
08/26/2023	12:37 FTD	71			O'Brien, William RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
-------------	-------------	------------------------	-----------------

Inmate Name: DAWARA, IMAD
 Date of Birth: 10/12/1979
 Encounter Date: 08/26/2023 12:37

Sex: M Race: WHITE
 Provider: O'Brien, William RN

Reg #: 69939-066
 Facility: FTD
 Unit: S02

Date	Time	Rate Per Minute	Provider
08/26/2023	12:37 FTD	18	O'Brien, William RN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
08/26/2023	12:37 FTD	126/87				O'Brien, William RN

Blood Glucose:

Date	Time	Value (mg/dl)	Type	Regular Insulin	Provider
08/26/2023	12:45 FTD	125	Random		O'Brien, William RN

SaO2:

Date	Time	Value(%)	Air	Provider
08/26/2023	12:37 FTD	99		O'Brien, William RN

Exam:**Nursing Protocol****Chest Pain/MI/Angina**

Yes: Vital Signs w/O2 sat recorded in flowsheet, Lung sounds clear bilaterally, Adequate respiratory effort, Auscultated heart rate and rhythm (Describe: Within normal limits.), 12 lead ECG completed, Adequate capillary refill, Normal skin color, Normal skin temperature, Blood glucose recorded in flowsheet
 No: Presence of edema, Diaphoretic, Supplemental oxygen applied, IV Access obtained

ASSESSMENT:**Pain - Chest**

IM reports to HSU ambulating on his own from chow with c/o chest pain described as stabbing to left chest 8/10, pressure to his neck, dizziness, and shortness of breath worsening with exertion. IM states the symptoms started around 0900h this morning and he took NTG tab x1 dose with no relief of symptoms. IM then went to chow around 1215pm, and symptoms worsened, and he reported to HSU. MD on call notified and symptoms and findings discussed. IM has a recent Hx of a NONSTEMI with stent placement around 8/16/23.

Assessment:

-EKG performed and NSR noted.

-Orthostatic VS as follows:

LYING- 126/87 HR 71

SITTING- 121/86 HR 84

STANDING- 117/82 HR 85

Plan:

-Send IM to outside hospital ER for further evaluation per on call MD.

PLAN:**New Consultation Requests:**

Consultation/Procedure	Target Date	Scheduled Target Date	Priority	Translator	Language
Emergency Room	08/26/2023	08/26/2023	Emergent	No	

Subtype:

Deborah Heart and Lung

Reason for Request:

CHEST PAIN RADIATING TO NECK WITH HX OF NONSTEMI AND STENT PLACEMENT 8/16/23.

IM reports to HSU ambulating on his own from chow with c/o chest pain described as stabbing to left chest

Inmate Name: DAWARA, IMAD
 Date of Birth: 10/12/1979
 Encounter Date: 08/26/2023 12:37

Sex: M Race: WHITE
 Provider: O'Brien, William RN

Reg #: 69939-066
 Facility: FTD
 Unit: S02

8/10, pressure to his neck, dizziness, and shortness of breath worsening with exertion. IM states the symptoms started around 0900h this morning and he took NTG tab x1 dose with no relief of symptoms. IM then went to chow around 1215pm, and symptoms worsened, and he reported to HSU. MD on call notified and symptoms and findings discussed. IM has a recent Hx of a NONSTEMI with stent placement around 8/16/23.

Assessment:

-EKG performed and NSR noted.

-Orthostatic VS as follows:

LYING- 126/87 HR 71

SITTING- 121/86 HR 84

STANDING- 117/82 HR 85

Plan:

-Send IM to outside hospital ER for further evaluation per on call MD.

Disposition:

Transfer to Local Hospital

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
08/26/2023	Counseling	Access to Care	O'Brien, William	Verbalizes Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: Yes **By:** Patel, Pradip (MAT) MD

Telephone or Verbal order read back and verified.

Completed by O'Brien, William RN on 08/26/2023 12:59

Requested to be cosigned by Patel, Pradip (MAT) MD.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Sood, Ravi (MAT) MD.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Sood, Ravi (MAT) MD	Facility: FTD	Unit: S02
Encounter Date: 08/21/2023 13:09			

Physician - Follow up Visit encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Sood, Ravi (MAT) MD

Chief Complaint: CARDIAC

Subjective: The patient is 43 years old male. He presents to the chronic care clinic for routine follow up and renewal of his medications- chart review and on his hospitalization and for an evaluation for RIS.

He had recent placement of coronary artery stents. On 08/16/2023 he was sent to ER at Deborah Hospital for SOB and chest pain. He was hospitalized there. Hospital discharge papers are reviewed. As per patient he underwent cardiac stress test. I do not see its report on BEMR. in the interim: he has chest discomfort and SOB when he is in the hot environment. He has started taking the Ranolazine with no problems. Approval of its non-formulary request is pending. The Pharmacist is contacted, and he is provided with the more pills until its approval.

He refuses for the resumption of his mental health medications - Remeron and Buspar and psychotropic pain medication -Duloxetine, which are being offered to him. He attributes this refusal to that the Cardiologist recommended to stop these medications. Cardiologist consultation as of 07/26/2023 is reviewed and his recommendation were discussed with him.

Medications: he is compliant with his medications and tolerates them; OTC medications: one; he is being apprised of the side effects of the medications; GI bleed/black colored stools, and renal surgery are one of the side effects of the ibuprofen.

Exercise: yes; Watchful of his diet: yes; Weight: 205 LBS c.f. 175 LBS as of 03/02/2020. He is being counseled for healthy lifestyle changes including weight reduction by cutting back on calories.

His lab work up is reviewed with him.

07/10/2023
S Cr., GFR WNL
AST/ALT WNL
CH 102, TG 88, HDL 28, LDL 56
TSH WNL
HB%, WBC, PLT WNL
A1C 5.8

Pain: Not Applicable

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
08/21/2023	13:08 FTD	98.4	36.9	Tympanic	Sood, Ravi (MAT) MD

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
-------------	-------------	------------------------	-----------------	---------------	-----------------

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Sood, Ravi (MAT) MD	Facility: FTD	Unit: S02
Encounter Date: 08/21/2023 13:09			

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
08/21/2023	13:08 FTD	54	Radial	Regular	Sood, Ravi (MAT) MD

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
08/21/2023	13:08 FTD	16	Sood, Ravi (MAT) MD

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
08/21/2023	13:08 FTD	95/65	Left Arm	Sitting	Adult-large	Sood, Ravi (MAT) MD

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
08/21/2023	13:08 FTD	98	Room Air	Sood, Ravi (MAT) MD

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
08/21/2023	13:08 FTD	205.0	93.0		Sood, Ravi (MAT) MD

Exam Comments

Examination:

General: Affect: Pleasant, Cooperative; Appearance: Alert and Oriented x 3
 Nutrition: BMI 28.6

Skin: No suspicious skin lesion

Head: General: Atraumatic/Normocephalic

Eyes: General: Extraocular Movements Intact; Visual Fields: Normal Fields
 Conjunctiva and Sclera: No gross abnormality; Cornea and Lens: No gross abnormality

Nose: no gross abnormality

Face: General: Symmetric

Mouth: Tongue: No Lesion(s); Pharynx: No White Plaques

Neck: General: Supple

Thyroid: No: Nodule

Pulmonary: Auscultation: Clear to Auscultation; No Crackles or Rhonchi

Cardiovascular: Auscultation: Regular Rate and Rhythm (RRR), Normal S1 and S2
 No: M/R/G

Vascular: No: Carotid Bruits, Abdominal Bruits, Jugular Venous Distension

Peripheral Vascular: General: No: Edema

Lymphatics: No Regional Lymphadenopathy

Abdomen: Inspection: No: Stigmata of Liver Disease

Palpation: Soft; No Tenderness on Palpation, No Mass(es) or Hepato-Splenomegaly

Neurologic: CN 2-12 Intact Grossly; no focal neurological deficit

Inmate Name: DAWARA, IMAD
 Date of Birth: 10/12/1979
 Encounter Date: 08/21/2023 13:09

Sex: M Race: WHITE
 Provider: Sood, Ravi (MAT) MD

Reg #: 69939-066
 Facility: FTD
 Unit: S02

Mental Health: Posture: Upright; Grooming/Hygiene: Appropriate Grooming
 Affect: Appropriate; Speech/Language: Appropriate; Mood: Appropriate
 Thought Process: Goal Directed; Thought Content: Goal Directed; Recent Memory
 Appropriate; Remote Memory: Appropriate

Musculoskeletal:

Presented to the clinic walking in no distress using no mechanical support such as cane.

Right little toe amputation.

ROM full, Neurovascular functions intact in rest of extremities.

ASSESSMENT:

Angina pectoris, unspecified, I209 - Current
 Body mass index (BMI) 28.0-28.9, adult, Z6828 - Current
 Calculus of kidney, N200 - Current
 Chronic ischemic heart disease, I259 - Current
 Dizziness and giddiness, R42 - Current
 HCV Negative, Z1159-HCV - Current
 Hyperlipidemia, unspecified, E785 - Current
 Hypothyroidism, E039 - Current
 Mental disorder, not otherwise specified, F99 - Current
 Negative Test: HIV, Human immunodeficiency virus, Z717 - Current
 Non-ST elevation (NSTEMI) myocardial infarction, I214 - Current
 Shortness of breath, R0602 - Current
 Unspecified glaucoma, H409 - Current
 Vitamin D deficiency, E559 - Current
 Unspecified Anxiety Disorder, F41.9 - Current

PLAN:

Renew Medication Orders:

Rx#	Medication	Order Date
603252-FTD	Aspirin 81 MG EC Tab	08/21/2023 13:09
	Prescriber Order: Take one tablet (81 MG) by mouth each day x 365 day(s)	
	Indication: Non-ST elevation (NSTEMI) myocardial infarction	
603255-FTD	Clopidogrel Bisulfate 75 MG Tab	08/21/2023 13:09
	Prescriber Order: Take one tablet (75 MG) by mouth each day x 180 day(s)	
	Indication: Tachycardia, unspecified	
603257-FTD	Metoprolol Tartrate 50 MG Tab	08/21/2023 13:09
	Prescriber Order: Take one tablet (50 MG) by mouth twice daily x 365 day(s)	
	Indication: Tachycardia, unspecified	
603259-FTD	Nitroglycerin SL 0.4 MG Tab [25 count]	08/21/2023 13:09

Inmate Name: DAWARA, IMAD
 Date of Birth: 10/12/1979
 Encounter Date: 08/21/2023 13:09

Sex: M Race: WHITE
 Provider: Sood, Ravi (MAT) MD

Reg #: 69939-066
 Facility: FTD
 Unit: S02

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	<u>Prescriber Order:</u> Place 1 tab under the tongue for chest pain-may repeat every 5 min x 2 more if needed. If no relief, contact medical staff x 180 day(s)	
	Indication: Non-ST elevation (NSTEMI) myocardial infarction	

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
603258-FTD	Mirtazapine 45 MG Tab	08/21/2023 13:09
	<u>Prescriber Order:</u> Take one tablet (45 MG) by mouth each evening *consent form on file *	
	Discontinue Type: When Pharmacy Processes	
	Discontinue Reason: Patient Refused	
	Indication:	
603256-FTD	DULoxetine HCl Delayed Rel 30 MG Cap	08/21/2023 13:09
	<u>Prescriber Order:</u> Take three capsules (90 MG) by mouth each evening for pain	
	Discontinue Type: When Pharmacy Processes	
	Discontinue Reason: Patient Refused	
	Indication:	
603254-FTD	busPIRone 15 MG TAB	08/21/2023 13:09
	<u>Prescriber Order:</u> Take one tablet (15 MG) by mouth twice daily *consent form on file *	
	Discontinue Type: When Pharmacy Processes	
	Discontinue Reason: new order written	
	Indication:	
603271-FTD	Tamsulosin HCl 0.4 MG Cap	08/21/2023 13:09
	<u>Prescriber Order:</u> Take one capsule (0.4 MG) by mouth each day	
	Discontinue Type: When Pharmacy Processes	
	Discontinue Reason: status change	
	Indication:	
601235-FTD	Isosorbide Mononitrate ER 30 MG 24 hour Tab	08/21/2023 13:09
	<u>Prescriber Order:</u> Take one tablet (30 MG) by mouth twice daily	
	Discontinue Type: When Pharmacy Processes	
	Discontinue Reason: new order written	
	Indication:	

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Follow-up	01/29/2024 00:00	Physician 04
Routine follow up.		

Disposition:

Follow-up at Sick Call as Needed
 Return Immediately if Condition Worsens

Patient Education Topics:

Inmate Name: DAWARA, IMAD
 Date of Birth: 10/12/1979
 Encounter Date: 08/21/2023 13:09

Sex: M Race: WHITE
 Provider: Sood, Ravi (MAT) MD

Reg #: 69939-066
 Facility: FTD
 Unit: S02

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
08/21/2023	Counseling	Access to Care	Sood, Ravi	Verbalizes Understanding

He is being counseled for dietary modifications (reduction in calories: 500 to 750 calories deficit/day, intermittent energy restriction, restriction of simple carbohydrates, saturated fat, and sodium/sugar intake); exercise (150 minutes of moderate exercise per week); medications side effects; diabetes mellitus management; foot care; safety and injury prevention; preventive health; compliance of treatment. Also, plan of care is being discussed. He verbalizes understanding. He is being counseled about hand /respiratory hygiene, protection barrier- wearing of facial mask, social distancing

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Sood, Ravi (MAT) MD on 08/21/2023 15:23

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: DAWARA, IMAD		Reg #: 69939-066
Date of Birth: 10/12/1979	Sex: M Race: WHITE	Facility: FTD
Note Date: 08/18/2023 08:56	Provider: Sood, Ravi (MAT) MD	Unit: S02

Cosign Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Sood, Ravi (MAT) MD

The discharge papers are reviewed; his medication reconciliation is done Ranolazine is added.

ASSESSMENTS:

Angina pectoris, unspecified, I209 - Current

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Ranolazine ER 12 Hour Tablet	08/18/2023 08:56
	<u>Prescriber Order:</u> 500 mg Orally - Two Times a Day x 180 day(s)	
	Indication: Non-ST elevation (NSTEMI) myocardial infarction, Chronic ischemic heart disease, Angina pectoris, unspecified	
	Non-Formulary was created for this drug	
	busPIRone Tablet	08/18/2023 08:56
	<u>Prescriber Order:</u> 15 mg Orally - Two Times a Day x 180 day(s)	
	Indication: Unspecified Anxiety Disorder, Mental disorder, not otherwise specified	

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
599906-FTD	Aspirin 81 MG EC Tab	08/18/2023 08:56
	<u>Prescriber Order:</u> Take one tablet (81 MG) by mouth each day x 365 day(s)	
	Indication: Non-ST elevation (NSTEMI) myocardial infarction	
599907-FTD	Atorvastatin 80 MG TAB	08/18/2023 08:56
	<u>Prescriber Order:</u> Take one tablet (80 MG) by mouth every night at bedtime x 180 day(s)	
	Indication: Hyperlipidemia, unspecified	
599924-FTD	Clopidogrel Bisulfate 75 MG Tab	08/18/2023 08:56
	<u>Prescriber Order:</u> Take one tablet (75 MG) by mouth each day x 180 day(s)	
	Indication: Tachycardia, unspecified	
599926-FTD	DULoxetine HCl Delayed Rel 30 MG Cap	08/18/2023 08:56
	<u>Prescriber Order:</u> Take three capsules (90 MG) by mouth each evening for pain x 180 day(s)	
	Indication: Calculus of kidney	
599911-FTD	Metoprolol Tartrate 50 MG Tab	08/18/2023 08:56
	<u>Prescriber Order:</u> Take one tablet (50 MG) by mouth twice daily x 365 day(s)	
	Indication: Tachycardia, unspecified	

599908-FTD Mirtazapine 45 MG Tab

08/18/2023 08:56

Inmate Name:	DAWARA, IMAD	Reg #:	69939-066
Date of Birth:	10/12/1979	Sex:	M Race: WHITE
Note Date:	08/18/2023 08:56	Facility:	FTD
		Unit:	S02
		Provider:	Sood, Ravi (MAT) MD

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	<u>Prescriber Order:</u> Take one tablet (45 MG) by mouth each evening *consent form on file * x 180 day(s) Indication: Unspecified Anxiety Disorder, Mental disorder, not otherwise specified	
599909-FTD	Nitroglycerin SL 0.4 MG Tab [25 count]	08/18/2023 08:56
	<u>Prescriber Order:</u> Place 1 tab under the tongue for chest pain-may repeat every 5 min x 2 more if needed. If no relief, contact medical staff x 180 day(s) Indication: Non-ST elevation (NSTEMI) myocardial infarction	
599910-FTD	Tamsulosin HCl 0.4 MG Cap	08/18/2023 08:56
	<u>Prescriber Order:</u> Take one capsule (0.4 MG) by mouth each day x 180 day(s) Indication: Calculus of kidney	

Copoly Required: No Cosign Required: No

Telephone/Verbal Order: No

Completed by Sood, Ravi (MAT) MD on 08/18/2023 09:03

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: DAWARA, IMAD		Reg #: 69939-066
Date of Birth: 10/12/1979	Sex: M Race: WHITE	Facility: FTD
Note Date: 08/18/2023 08:53	Provider: Sood, Ravi (MAT) MD	Unit: S02

Cosign Note - Clinical Encounter Cosign encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Sood, Ravi (MAT) MD

Post hospitalization medical trip note by the RN is reviewed; he is being scheduled in the clinic,

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Follow-up follow up on his hospitalization	08/28/2023 00:00	Physician 04

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Sood, Ravi (MAT) MD on 08/18/2023 08:55

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Orapello, Brian RN	Facility: FTD	Unit: S02
Encounter Date: 08/17/2023 19:51			

Nursing - Medical Trip Return encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Orapello, Brian RN
 Chief Complaint: Other Problem
 Subjective: Inmate is a trip return from Deborah heart and Lung hospital
 Pain: No

OBJECTIVE:

Exam:

General

Affect

Yes: Cooperative

Appearance

Yes: Alert and Oriented x 3

Face

General

Yes: Symmetric

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

Gastrointestinal

General

Yes: Within Normal Limits

Genitourinary

General

Yes: Within Normal Limits

Neurologic

Cranial Nerves (CN)

Yes: Within Normal Limits

ASSESSMENT:

Other

Inmate is a trip return from Deborah Hosp. AAOx3. Ambulatory under own power. In no apparent distress at this time. VS stable.

Discharge Diagnosis:
 Non-cardiac chest pain

Plan:

Inmate Name: DAWARA, IMAD	Sex: M Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Orapello, Brian RN	Facility: FTD
Encounter Date: 08/17/2023 19:51		Unit: S02

Recommended by ER Physician: Ranolazine 500mg bid
 Referred to Primary physician.

Paperwork to be scanned into BEMR

PLAN:

Disposition:

Follow-up at Sick Call as Needed
 Return Immediately if Condition Worsens

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
08/17/2023	Counseling	Access to Care	Orapello, Brian	Verbalizes Understanding
08/17/2023	Counseling	Plan of Care	Orapello, Brian	Verbalizes Understanding

Copay Required: No **Cosign Required:** Yes
Telephone/Verbal Order: Yes **By:** Sood, Ravi (MAT) MD
Telephone or Verbal order read back and verified.

Completed by Orapello, Brian RN on 08/17/2023 19:55
 Requested to be cosigned by Sood, Ravi (MAT) MD.
 Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DAWARA, IMAD	Reg #:	69939-066
Date of Birth:	10/12/1979	Sex:	M Race: WHITE
Note Date:	08/17/2023 15:43	Facility:	FTD
		Provider:	Sood, Ravi (MAT) MD
		Unit:	S02

Admin Note - Community Hospital Report encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Sood, Ravi (MAT) MD

The patient is 43 years old male. He had recent placement of coronary artery stents. on 08/16/2023 he was sent to ER at Deborah Hospital for SOB and chest pain.

I called the hospital. I am awaiting response from the Nurse.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Sood, Ravi (MAT) MD on 08/17/2023 15:48

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Plevritis-Ortiz, Alexandra	Facility: FTD	Unit: S02
Encounter Date: 08/16/2023 10:50			

Emergency - Chest pain encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Plevritis-Ortiz, Alexandra RN

Chief Complaint: Chest Pain

Subjective: Chest pain

Pain: Not Applicable

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
08/16/2023	10:51 FTD	98.2	36.8		Plevritis-Ortiz, Alexandra RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
08/16/2023	10:51 FTD	91			Plevritis-Ortiz, Alexandra RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
08/16/2023	10:51 FTD	30	Plevritis-Ortiz, Alexandra RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
08/16/2023	10:51 FTD	110/72				Plevritis-Ortiz, Alexandra RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
08/16/2023	10:51 FTD	100	Room Air	Plevritis-Ortiz, Alexandra RN

Exam:

General

Affect

Yes: Anxious

Appearance

Yes: Appears Distressed

Skin

General

Yes: Clammy, Diaphoretic

ASSESSMENT:

Other

Call from LT for Medical Emergency housing unit 5852 common room. Reported as inmate unresponsive appears to be chest pain.

Inmate Name: DAWARA, IMAD
 Date of Birth: 10/12/1979
 Encounter Date: 08/16/2023 10:50

Sex: M Race: WHITE
 Provider: Plevritis-Ortiz, Alexandra

Reg #: 69939-066
 Facility: FTD
 Unit: S02

HSU staff arrived in unit to find inmate Dawara #69939-066 laying supine on the the floor, alert and responsive. Clenching chest, moaning, not answering medical staff questions.

Pulse oxygen 98% on room air.

Transferred to stretcher and brought to HSU for further evaluation.

Inmate continues to moan, reports SOB and chest pain to no specific area. Appears very anxious in nature with elevated respirations.

EKG performed, NSR, Reviewed by Dr. Sood. Scanned into inmate chart.

20g Left AC started.

Nitro @ 10:50am VS noted in flow sheets, no change in pain

Nitro @ 10:55am VS noted in flow sheets, no change in pain

10:56am ASA 81mg x 3 tabs given

Nitro @ 11:03am VS noted in flow sheets, no change in pain

Decision to send to Emergency for: chest pain, acute coronary syndrome, shortness of breath.

PLAN:

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Emergency Room	08/16/2023	08/16/2023	Emergent	No	

Subtype:

Deborah Heart and Lung

Reason for Request:

Call from LT for Medical Emergency housing unit 5852 common room. Reported as inmate unresponsive appears to be chest pain.

HSU staff arrived in unit to find inmate Dawara #69939-066 laying supine on the the floor, alert and responsive. Clenching chest, moaning, not answering medical staff questions.

Pulse oxygen 98% on room air.

Transferred to stretcher and brought to HSU for further evaluation.

Inmate continues to moan, reports SOB and chest pain to no specific area. Appears very anxious in nature with elevated respirations.

EKG performed, NSR, Reviewed by Dr. Sood. Scanned into inmate chart.

20g Left AC started.

Nitro @ 10:50am VS noted in flow sheets, no change in pain

Nitro @ 10:55am VS noted in flow sheets, no change in pain

10:56am ASA 81mg x 3 tabs given

Nitro @ 11:03am VS noted in flow sheets, no change in pain

Provisional Diagnosis:

Decision to send to Emergency for: chest pain, acute coronary syndrome, shortness of breath.

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Plevritis-Ortiz, Alexandra	Facility: FTD	Unit: S02
Encounter Date: 08/16/2023 10:50			

Disposition:

Transfer to Local Hospital

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
08/16/2023	Counseling	Plan of Care	Plevritis-Ortiz, Alexandra	Verbalizes Understanding

send to hospital for evaluation

Copay Required: No**Cosign Required:** Yes**Telephone/Verbal Order:** Yes **By:** Sood, Ravi (MAT) MD**Telephone or Verbal order read back and verified.**

Completed by Plevritis-Ortiz, Alexandra RN on 08/16/2023 11:06

Requested to be cosigned by Sood, Ravi (MAT) MD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: DAWARA, IMAD		Reg #: 69939-066
Date of Birth: 10/12/1979	Sex: M Race: WHITE	Facility: FTD
Note Date: 08/07/2023 13:17	Provider: Pugliese, Nicole RN	Unit: S02

Admin Note - Consultation encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Pugliese, Nicole RN

Cardiology consult 7/26/2023 by Dr. Caplan

Assessment:

1) Angina, Unstable

persistent symptomatology despite recent drug-eluting stents to the circumflex and LAD. Because of the worsening symptoms including shortness of breath, chest pains radiating to the jaw and palpitations/lightheadedness, I have asked the patient to be transferred to the hospital for further evaluation.

2) S/P PTCA

DES x2, DHL; drug-eluting stents to the mid LAD as well as circumflex vessels.

3) Renal calculi

4) Atherosclerosis of coronary artery of native heart with angina pectoris

Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris

5) Dizziness

cannot rule out ventricular arrhythmias.

6) Palpitations

Concern for ventricular arrhythmias. I am requesting patient be transferred to the hospital though, regardless, metoprolol should be titrated up as well as at least 24-hour Holter monitoring.

Refer to PCPMD note in Bemr, PCPMD was made aware at time of visit of Cardiologist Recommending Patient be transferred to the hospital for further evaluation and care.

Follow-up after procedure

Follow-up in 6 months

Dictation to be scanned into document manager for MD.

Any additional Order's to be entered as MD see fit.

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Cardiology	01/26/2024	01/26/2024	Routine	No	

Subtype:

Follow Up Evaluation

Reason for Request:

For: Cardiology 6-month follow-up

Reason: As per Cardiology consult 7/26/2023 by Dr. Caplan, 43 y/o male. Pt has a hx of unstable angina/non-ST elevation myocardial infarction with symptoms of chest pain/chest pressure radiating to the arm as well as to the jaw. Pt was transferred to Deborah and underwent emergent cardiac catheterization demonstrating severe disease involving the circumflex as well as the left anterior descending artery. He underwent drug-eluting stents to both vessels. While hospitalized, he was observed to have non sustained ventricular arrhythmias/PVCs. Chest x-ray was unremarkable. EKG demonstrated normal sinus rhythm with

Inmate Name:	DAWARA, IMAD	Reg #:	69939-066
Date of Birth:	10/12/1979	Sex:	M Race: WHITE
Note Date:	08/07/2023 13:17	Provider:	Pugliese, Nicole RN
		Facility:	FTD
		Unit:	S02

ST-T wave abnormalities. A subsequent echocardiogram and Doppler study demonstrated diastolic dysfunction. Ejection fraction was approximately 55%. Valvular structures appeared normal. Unfortunately, the pt continues to do poorly. He has been complaining of shortness of breath on minimal exertion. There has been orthopnea and PND. He continues to have chest pressure/tightness with radiation to the neck, jaw and arms with increasing fatigue, tiredness and dizziness. He needs immediate attention by being transferred to Deborah heart and lung for further care.

Assessment:

1) Angina

persistent symptomatology despite recent drug-eluting stents to the circumflex and LAD. Because of the worsening symptoms including shortness of breath, chest pains radiating to the jaw and palpitations/lightheadedness, I have asked the patient to be transferred to the hospital for further evaluation.

2) S/P PTCA

3) Renal calculi

4) Atherosclerosis of coronary artery of native heart with angina pectoris

Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris

5) Dizziness

6) Palpitations

Concern for ventricular arrhythmias. Pt be transferred to the hospital though, regardless, metoprolol should be titrated up as well as at least 24-hour Holter monitoring.

Follow-up after procedure

Follow-up in 6 months

Provisional Diagnosis:

unstable angina/non-ST elevation myocardial infarction with symptoms of chest pain/chest pressure radiating to the arm as well as to the jaw. Alcohol dependence, Anxiety, ASHD, Glaucoma, Hyperlipidemia, Hypothyroidism, Old myocardial infarction, Peripheral vertigo, Renal calculi, S/P PTCA, Substance abuse.

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: Yes **By:** Sood, Ravi (MAT) MD

Telephone or Verbal order read back and verified.

Completed by Pugliese, Nicole RN on 08/07/2023 13:48

Requested to be cosigned by Sood, Ravi (MAT) MD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DAWARA, IMAD	Sex:	M	Race:	WHITE	Reg #:	69939-066
Date of Birth:	10/12/1979	Provider:	Sood, Ravi (MAT) MD	Facility:	FTD	Unit:	S02
Note Date:	08/04/2023 12:37						

Review Note - Document Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Sood, Ravi (MAT) MD

The clinical note by the PA is reviewed; the Isosorbide was added by the Cardiologist for angina-chest pain, but he is intolerant to this medication; in the interim: his angina is in remission; thus, existing current medication regimen including metoprolol, a beta- blocker is continued. His follow up with Cardiologist is pending. He was advised to return to the health services immediately in case of chest pain or new symptoms.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Sood, Ravi (MAT) MD on 08/04/2023 12:47

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DAWARA, IMAD	Sex: M Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Ibe, Chigozie PA-C	Facility: FTD
Encounter Date: 08/04/2023 09:14		Unit: S02

Mid Level Provider - Follow up Visit encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Ibe, Chigozie PA-C

Chief Complaint: CARDIAC

Subjective: 43 y/o male with cardiac problems (Angina Pectoris). He was prescribed Isosorbide ER 30 mg BID by his PCPT MD but the patient takes is once daily and said he takes it so, because that was what his outside Cardiologist recommended for him. He initially c/o severe headaches with that medication and requested for an alternative. This was discussed with the PCPT MD who suggested to get a refusal form from the patient but make sure he has sublingual Nitroglycerin ordered for him. The patient was advised there is no other substitute for Isosorbide. He said he will continue to take it once daily but will never refuse the Isosorbide. Thye patient does have Nitroglycerin sublingual 0.4 prn. He denied chest pain.

Pain: Yes

Pain Assessment

Date: 08/04/2023 09:20
 Location: Head
 Quality of Pain: Aching
 Pain Scale: 1
 Intervention: evaluate
 Trauma Date/Year:
 Injury:
 Mechanism:
 Onset: 1-2 Weeks
 Duration: 1-2 Weeks
 Exacerbating Factors: ADLs, medication side effect.
 Relieving Factors: Rest
 Reason Not Done:
 Comments:

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
08/04/2023	09:29 FTD	98.1	36.7	Oral	Ibe, Chigozie PA-C

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
08/04/2023	09:29 FTD	68	Via Machine	Regular	Ibe, Chigozie PA-C

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
08/04/2023	09:29 FTD	18	Ibe, Chigozie PA-C

Inmate Name: DAWARA, IMAD
 Date of Birth: 10/12/1979
 Encounter Date: 08/04/2023 09:14

Sex: M Race: WHITE
 Provider: Ibe, Chigozie PA-C

Reg #: 69939-066
 Facility: FTD
 Unit: S02

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
08/04/2023	09:29 FTD	103/78	Left Arm	Sitting	Adult-large	Ibe, Chigozie PA-C

SaO2:

Date	Time	Value(%)	Air	Provider
08/04/2023	09:29 FTD	100	Room Air	Ibe, Chigozie PA-C

Height:

Date	Time	Inches	Cm	Provider
08/04/2023	09:29 FTD	71.0	180.3	Ibe, Chigozie PA-C

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
08/04/2023	09:29 FTD	200.0	90.7		Ibe, Chigozie PA-C

Exam:**General****Appearance**

Yes: Appears Well, Alert and Oriented x 3, Alert & Oriented to Person, Alert & Oriented to Place, Alert & Oriented to Time
 No: Appears Distressed

Skin**General**

Yes: Within Normal Limits, Dry, Skin Intact
 No: Warmth, Clammy, Cool, Diaphoretic

Pulmonary**Observation/Inspection**

Yes: Within Normal Limits
 No: Coughing, severe w production green/brown mucus, Apneic, Respiratory Distress, Tachypnea, Hyperventilation

Auscultation

Yes: Clear to Auscultation, Vesicular Breath Sounds Bilaterally, Bronchial Breath Sounds
 No: Egophony, Tactile Fremitus, Whispered Pectoriloquy, Bronchophony

ASSESSMENT:

Chest pain, unspecified, R079 - Remission
 Shortness of breath, R0602 - Remission

PLAN:**Disposition:**

Follow-up at Sick Call as Needed
 Follow-up at Chronic Care Clinic as Needed

Other:

The patient is advised to increase water intakes and reduce caffeine intakes. Continue with the current medication treatment.

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
----------------	--------	---------------	----------	---------

Inmate Name: DAWARA, IMAD
Date of Birth: 10/12/1979
Encounter Date: 08/04/2023 09:14

Sex: M Race: WHITE
Provider: Ibe, Chigozie PA-C

Reg #: 69939-066
Facility: FTD
Unit: S02

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
08/04/2023	Counseling	Access to Care	Ibe, Chigozie	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Ibe, Chigozie PA-C on 08/04/2023 09:42

Requested to be reviewed by Sood, Ravi (MAT) MD.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: DAWARA, IMAD		Reg #: 69939-066
Date of Birth: 10/12/1979	Sex: M Race: WHITE	Facility: FTD
Note Date: 07/28/2023 08:08	Provider: Sood, Ravi (MAT) MD	Unit: S02

Cosign Note - Clinical Encounter Cosign encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Sood, Ravi (MAT) MD

His medication reconciliation is done

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Isosorbide Mononitrate ER 24 hour Tablet	07/28/2023 08:08
	<u>Prescriber Order:</u> 30 mg Orally - Two Times a Day x 180 day(s)	
	Indication: Non-ST elevation (NSTEMI) myocardial infarction, Chronic ischemic heart disease	

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Isosorbide Mononitrate ER 24 hour Tablet	07/28/2023 08:08
	<u>Prescriber Order:</u> 30mg Orally - daily x 30 day(s)	
	Discontinue Type: When Pharmacy Processes	
	Discontinue Reason: new order written	
	Indication:	

Copay Required: No Cosign Required: No

Telephone/Verbal Order: No

Completed by Sood, Ravi (MAT) MD on 07/28/2023 08:10

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Martz, Stephanie RN	Facility: FTD	Unit: S02
Encounter Date: 07/27/2023 19:56			

Nursing - Medical Trip Return encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Martz, Stephanie RN
 Chief Complaint: Medical Trip Return
 Subjective: inmate returned after hours s/p medical trip return
 Pain: Not Applicable

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
07/27/2023	19:56	FTD	98.0	36.7	Martz, Stephanie RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
07/27/2023	19:56	FTD	101		Martz, Stephanie RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
07/27/2023	19:56	FTD	18 Martz, Stephanie RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
07/27/2023	19:56	FTD	99 Room Air	Martz, Stephanie RN

ASSESSMENT:

No Significant Findings/No Apparent Distress
 inmate started on isosorbide mononitrate 30mg

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Isosorbide Mononitrate ER 24 hour Tablet	07/27/2023 19:56
	<u>Prescriber Order:</u> 30mg Orally - daily x 30 day(s)	

Disposition:

Discharged to Housing Unit with Convalescence
 Follow-up at Sick Call as Needed
 Follow-up at Chronic Care Clinic as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
-----------------------	---------------	----------------------	-----------------	----------------

Inmate Name: DAWARA, IMAD
 Date of Birth: 10/12/1979
 Encounter Date: 07/27/2023 19:56

Sex: M Race: WHITE
 Provider: Martz, Stephanie RN

Reg #: 69939-066
 Facility: FTD
 Unit: S02

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/27/2023	Counseling	Access to Care	Martz, Stephanie	Verbalizes Understanding

Copay Required: No **Cosign Required:** Yes
Telephone/Verbal Order: Yes **By:** Sood, Ravi (MAT) MD
Telephone or Verbal order read back and verified.

Completed by Martz, Stephanie RN on 07/27/2023 19:59
 Requested to be cosigned by Sood, Ravi (MAT) MD.
 Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: DAWARA, IMAD		Reg #: 69939-066
Date of Birth: 10/12/1979	Sex: M Race: WHITE	Facility: FTD
Note Date: 07/27/2023 10:08	Provider: Sood, Ravi (MAT) MD	Unit: S02

Admin Note - Community Hospital Report encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Sood, Ravi (MAT) MD

The patient is 43 years old male. He had recent placement of coronary artery stents. On 07/26/2026 he was sent to ER at Deborah Hospital for SOB and chest pain as per Cardiologist recommendation.

His troponins, D -Dimer and CXR are negative; today, he is posted for cardiac stress test and cardiac 2 D echo.

Vitals stable

Plan of discharge is not known at this time.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Sood, Ravi (MAT) MD on 07/27/2023 10:14

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DAWARA, IMAD	Sex: M Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Sood, Ravi (MAT) MD	Facility: FTD
Encounter Date: 07/26/2023 10:40		Unit: S02

Cosign Note - Clinical Encounter Cosign encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Sood, Ravi (MAT) MD

Chief Complaint: CARDIAC

Subjective: The note by the RN including today's Cardiologist recommendation to refer to the hospital for further evaluation is reviewed.

The patient is 43 years old male.

Today, his BP is in normotensive range.

History as of clinical encounter as of 07/13/2023 is reviewed.

CAD - S/P placement to drug eluting stents in mid left circumflex and mid LAD coronary arteries on 06/11/2023 at Deborah Hospital when he was sent to this hospital chest pain; post stenting on 06/20/2023 he was referred to ER at Deborah Hospital for worsening SOB where he was hospitalized for two days; in the interim: he has been complaint with his discharge medications including blood thinner medications and tolerates them; he is being counseled to avoid physical altercation as being on blood thinner medication.

In the interim: he was told by the hospital Cardiologist to try exercise after two weeks and gradually increase it; he walks on treadmill half an hour 3-4 times a week; at the end of exercise feels tired and chest discomfort; he denies use of NTG; no: swelling on feet or PND. he is being counseled to stop treadmill exercise and to start 15 minutes of routine walking daily and use NTG if gets chest pain on walking; he would report to me in the clinic after a week about his chest pain/exercise tolerance. Today, an EKG is obtained and compared with previous EKG.

Today, he presents FTD ER with persisting symptomatology - chesty pain and SOB. Today, an EKG is obtained and compared with previous EKG.

Plan of care

As per Cardiologist recommendation he is referred to ER at Deborah hospital for further evaluation.

Pain: Not Applicable

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
07/26/2023	10:45 FTD	98.2	36.8	Tympanic	Sood, Ravi (MAT) MD

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
07/26/2023	10:45 FTD	82	Radial	Regular	Sood, Ravi (MAT) MD

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
-------------	-------------	------------------------	-----------------

Inmate Name: DAWARA, IMAD
 Date of Birth: 10/12/1979
 Encounter Date: 07/26/2023 10:40

Sex: M Race: WHITE
 Provider: Sood, Ravi (MAT) MD

Reg #: 69939-066
 Facility: FTD
 Unit: S02

Date	Time	Rate Per Minute	Provider
07/26/2023	10:45 FTD	16	Sood, Ravi (MAT) MD

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
07/26/2023	10:45 FTD	114/75	Left Arm	Sitting	Adult-large	Sood, Ravi (MAT) MD

SaO2:

Date	Time	Value(%)	Air	Provider
07/26/2023	10:45 FTD	100	Room Air	Sood, Ravi (MAT) MD

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
07/26/2023	10:45 FTD	208.0	94.3		Sood, Ravi (MAT) MD

Exam comments

Examination:

General: Affect: Pleasant, Cooperative; Appearance; Alert and Oriented x 3

Nutrition: BMI 29

Skin: No suspicious skin lesion

Head: General: Atraumatic/Normocephalic

Eyes: General: Extraocular Movements Intact; Visual Fields: Normal Fields

Conjunctiva and Sclera: No gross abnormality; Cornea and Lens: No gross abnormality

Nose: no gross abnormality

Face: General: Symmetric

Mouth: Tongue: No Lesion(s); Pharynx: No White Plaques

Neck: General: Supple

Thyroid: No: Nodule

Pulmonary: Auscultation: Clear to Auscultation; No Crackles or Rhonchi

Cardiovascular: Auscultation: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

Vascular: No: Carotid Bruits, Abdominal Bruits, Jugular Venous Distension

Peripheral Vascular: General: No: Edema

Lymphatics: No Regional Lymphadenopathy

Abdomen: Inspection: No: Stigmata of Liver Disease

Palpation: Soft; No Tenderness on Palpation, No Mass(es) or Hepato-Splenomegaly

Neurologic: CN 2-12 Intact Grossly; no focal neurological deficit

Mental Health: Posture: Upright; Grooming/Hygiene; Appropriate Grooming

Affect: Appropriate; Speech/Language: Appropriate; Mood: Appropriate

Thought Process: Goal Directed; Thought Content: Goal Directed; Recent Memory

Appropriate; Remote Memory: Appropriate

Inmate Name: DAWARA, IMAD
 Date of Birth: 10/12/1979
 Encounter Date: 07/26/2023 10:40

Sex: M Race: WHITE
 Provider: Sood, Ravi (MAT) MD

Reg #: 69939-066
 Facility: FTD
 Unit: S02

Musculoskeletal:

Gait normal.

Presented to the clinic walking in no distress using no mechanical support such as cane.

ASSESSMENT:

Chronic ischemic heart disease, I259 - Current

Non-ST elevation (NSTEMI) myocardial infarction, I214 - Current

Shortness of breath, R0602 - Current

PLAN:

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Emergency Room	07/26/2023	07/26/2023	Routine	No	

Subtype:

Deborah Heart and Lung

Reason for Request:

The note by the RN including today's Cardiologist recommendation to refer to the hospital for further evaluation is reviewed.

The patient is 43 years old male.

Today, his BP is in normotensive range.

History as of clinical encounter as of 07/13/2023 is reviewed.

CAD - S/P placement to drug eluting stents in mid left circumflex and mid LAD coronary arteries on 06/11/2023 at Deborah Hospital when he was sent to this hospital chest pain; post stenting on 06/20/2023 he was referred to ER at Deborah Hospital for worsening SOB where he was hospitalized for two days; in the interim: he has been compliant with his discharge medications including blood thinner medications and tolerates them; he is being counseled to avoid physical altercation as being on blood thinner medication.

In the interim: he was told by the hospital Cardiologist to try exercise after two weeks and gradually increase it; he walks on treadmill half an hour 3-4 times a week; at the end of exercise feels tired and chest discomfort; he denies use of NTG; no: swelling on feet or PND. he is being counseled to stop treadmill exercise and to start 15 minutes of routine walking daily and use NTG if gets chest pain on walking; he would report to me in the clinic after a week about his chest pain/exercise tolerance. Today, an EKG is obtained and compared with previous EKG.

Today, he presents FTD ER with persisting symptomatology - chesty pain and SOB. Today, an EKG is obtained and compared with previous EKG.

Plan of care

As per Cardiologist recommendation he is referred to ER at Deborah hospital for further evaluation.

Provisional Diagnosis:

CAD - Post stenting persisting chest pain SOB

Disposition:

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Sood, Ravi (MAT) MD	Facility: FTD	Unit: S02
Encounter Date: 07/26/2023 10:40			

Follow-up at Sick Call as Needed
Return Immediately if Condition Worsens

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/26/2023	Counseling	Access to Care	Sood, Ravi	Verbalizes Understanding

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Sood, Ravi (MAT) MD on 07/26/2023 10:53

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: DAWARA, IMAD	Reg #: 69939-066
Date of Birth: 10/12/1979	Sex: M Race: WHITE Facility: FTD
Note Date: 07/26/2023 09:59	Provider: Plevritis-Ortiz, Alexandra Unit: S02

Admin Note - General Administrative Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Plevritis-Ortiz, Alexandra RN

IM was seen by Cardiology via tele health for ongoing complaints of shortness of breath and chest tightness with dizziness, post catheterization with stent placements. Consultations placed post catheterization for follow up imaging and offsite procedures that are currently pending.

IM was advised by Dr. Caplan that he should be re-evaluated and sent back to the ED for further testing. IM on meclizine and MD believes that medicine can be contributing to unwanted symptoms.

Dr. Sood made aware of Cardiology recommendations.

Copay Required: No **Cosign Required:** Yes

Telephone/Verbal Order: No

Completed by Plevritis-Ortiz, Alexandra RN on 07/26/2023 10:27

Requested to be cosigned by Sood, Ravi (MAT) MD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DAWARA, IMAD
Date of Birth: 10/12/1979
Encounter Date: 07/19/2023 13:52

Sex: M Race: WHITE
Provider: Ahmed, F. (MAT) DO

Reg #: 69939-066
Facility: FTD
Unit: S02

Physician - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Ahmed, F. (MAT) DO

Chief Complaint: GENERAL

Subjective: 43yo male with PMHX of CAD - S/P placement to drug eluting stents in mid left circumflex and mid LAD coronary arteries on 06/11/2023 at Deborah Hospital presents today with the sensation that he cannot breathe. He was saturating 100% on room air and was feeling a sensation that he cannot breathe. He also complained of left sided chest pain which is reproducible and has going on from this morning. Nitro did not relieve his pain. IM was recently taken to the hospital for the same symptoms on 6/20/23 a in the ED to r/o PE and an MI. His work up was negative and was sent back. He was given clonazepam because he seemed anxious. He started to feel better with his breathing.

Pain: will follow up with PCPT
No

ROS:

General

Constitutional Symptoms

No: Anorexia, Chills, Fatigue, Fever

Cardiovascular

General

Yes: Within Normal Limits

No: Cough, Edema

Pulmonary

Respiratory System

Yes: Within Normal Limits

No: Cough - Dry, DOE

GI

General

Yes: Within Normal Limits

No: Abdominal Pain or Colic, Blood in Stools, Constipation, Diarrhea

Neurological

Autonomic System

Yes: Within Normal Limits

No: Syncope

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
07/19/2023	11:40 FTD	98.0	36.7		Newbury, R. RN

Inmate Name: DAWARA, IMAD
 Date of Birth: 10/12/1979
 Encounter Date: 07/19/2023 13:52

Sex: M Race: WHITE
 Provider: Ahmedi, F. (MAT) DO

Reg #: 69939-066
 Facility: FTD
 Unit: S02

Date	Time	Fahrenheit	Celsius	Location	Provider
------	------	------------	---------	----------	----------

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
07/19/2023	11:40 FTD	82			Newbury, R. RN

Respirations:

Date	Time	Rate Per Minute	Provider
07/19/2023	11:40 FTD	18	Newbury, R. RN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
07/19/2023	11:40 FTD	106/74				Newbury, R. RN

SaO2:

Date	Time	Value(%)	Air	Provider
07/19/2023	11:40 FTD	99	Room Air	Newbury, R. RN

Exam Comments

General: WD/WN white male
 Head: General: Atraumatic/Normocephalic
 Face: General: Symmetric
 Neck: General: Supple
 Pulmonary: Auscultation: Clear to Auscultation; No Crackles or Rhonchi no wheezing
 Cardiovascular: Auscultation: Regular Rate and Rhythm (RRR). Normal S1 and S2
 Abdomen: Palpation: Soft; No Tenderness on Palpation, No Mass(es). NBS
 Neurologic: grossly intact, non focal, normal gait unaided

ASSESSMENT:

Hyperlipidemia, unspecified, E785 - Current

Shortness of breath, R0602 - Current

Shortness of breath, R0602 - Current

PLAN:**Disposition:**

Discharged to Housing Unit with Convalescence
 Follow-up at Sick Call as Needed

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
07/20/2023	Counseling	Access to Care	Ahmedi, F.	Verbalizes Understanding
07/20/2023	Counseling	Compliance - Treatment	Ahmedi, F.	Verbalizes Understanding
07/20/2023	Counseling	Exercise	Ahmedi, F.	Verbalizes Understanding
07/20/2023	Counseling	Plan of Care	Ahmedi, F.	Verbalizes Understanding

Copay Required: No

Cosign Required: No

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: DAWARA, IMAD		Reg #: 69939-066
Date of Birth: 10/12/1979	Sex: M Race: WHITE	Facility: FTD
Note Date: 07/19/2023 13:21	Provider: Orapello, Brian RN	Unit: S02

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Orapello, Brian RN
Entering order per PCPT/MD for Clonazepam 0.5mg one dose.

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	clonazepam Tablet	07/19/2023 13:21
<u>Prescriber Order:</u> 0.5 Orally One Time Dose Given PRN x 0 day(s) Pill Line Only		
Start Now: Yes		
Night Stock Rx#:		
Source: Pyxis		
Admin Method: Pill Line		
Stop Date: 07/19/2023 12:30		
MAR Label: 0.5 Orally One Time Dose Given PRN x 0 day(s) Pill Line Only		
One Time Dose Given: Given Now		

Copay Required: No **Cosign Required:** Yes
Telephone/Verbal Order: Yes **By:** Ahmed, F. (MAT) DO
Telephone or Verbal order read back and verified.

Completed by Orapello, Brian RN on 07/19/2023 13:23
Requested to be cosigned by Ahmed, F. (MAT) DO.
Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: DAWARA, IMAD		Reg #: 69939-066
Date of Birth: 10/12/1979	Sex: M Race: WHITE	Facility: FTD
Note Date: 07/19/2023 13:16	Provider: Newbury, R. RN	Unit: S02

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Newbury, R. RN
Requesting a chest xray for a pt complaining of chest pain.

New Radiology Request Orders:

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
General Radiology-Chest-2 Views	One Time		07/19/2023	Today
Specific reason(s) for request (Complaints and findings):				
Requesting a chest xray for a pt complaining of chest pain.				

Copay Required: No **Cosign Required:** Yes
Telephone/Verbal Order: Yes **By:** Ahmed, F. (MAT) DO
Telephone or Verbal order read back and verified.

Completed by Newbury, R. RN on 07/19/2023 13:18
 Requested to be cosigned by Ahmed, F. (MAT) DO.
 Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DAWARA, IMAD	Sex: M Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Sood, Ravi (MAT) MD	Facility: FTD
Encounter Date: 07/13/2023 10:55		Unit: S02

Chronic Care - Chronic Care Clinic encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Sood, Ravi (MAT) MD

Chief Complaint: CARDIAC

Subjective: The patient is 43 years old male. He presents to the chronic care clinic for routine follow up and renewal of his medications.

He states as follows.

He was incarcerated in 10/2019. He has been at FCI FTD since 07/07/2021. He anticipates his release on 07/21/2026.

Medical issues

High BMI

Today, his BP is in normotensive range.

CAD - S/P placement to drug eluting stents in mid left circumflex and mid LAD coronary arteries on 06/11/2023 at Deborah Hospital when he was sent to this hospital chest pain; post stenting on 06/20/2023 he was referred to ER at Deborah Hospital for worsening SOB where he was hospitalized for two days; in the interim: he has been complaint with his discharge medications including blood thinner medications and tolerates them; he is being counseled to avoid physical altercation as being on blood thinner medication.

In the interim: he was told by the hospital Cardiologist to try exercise after two weeks and gradually increase it; he walks on treadmill half an hour 3-4 times a week; at the end of exercise feels tired and chest discomfort; he denies use of NTG; no: swelling on feet or PND. he is being counseled to stop treadmill exercise and to start 15 minutes of routine walking daily and use NTG if gets chest pain on walking; he would report to me in the clinic after a week about his chest pain/exercise tolerance. Today, an EKG is obtained and compared with previous EKG.

Hyperlipidemia: 10 years CV risk as of 07/10/2023 is 1.5%, HDL 28, LDL 56; on statin.

Pain: Continued on to other problem section.
Not Applicable

COMPLAINT 2 Provider: Sood, Ravi (MAT) MD

Chief Complaint: Kidney Disease

Subjective: Continued from cardiac section.

Chronic renal calculi, bilaterally since 2002; he had multiple surgeries -total of 17 surgeries; no open surgery; last surgery was in 05/2019 S/P cystoscopy stent placement and stone removal on left side; in the interim: intermittent renal colic; family history of renal calculus; brother, sister and mother; no family history of hyperparathyroidism or he had surgery for it or gout; last Urologist consultation was on 11/06/2020- recommended CT scan of abdomen CT scan of abdomen and pelvis as of 05/28/2021: normal kidneys, no hydronephrosis, bilateral non obstructing renal calculi - right 11 mm in mid right kidney and 10 mm and 3 mm in its lower pole; left kidney: three calculi; he had Urologist consultation on 11/18/2021 (he agrees for left

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Sood, Ravi (MAT) MD	Facility: FTD	Unit: S02
Encounter Date: 07/13/2023 10:55			

lithotripsy and then two right lithotripsies). He is S/P lithotripsy for left renal calculi on 04/18/2022; KUB as of 04/25/2022: the previous left renal stone of 6 mm size appears smaller in size 2 mm; stable right renal stones in right; no other stone is noted along the rest of urinary tract; he had ER visit for left abdomen pain on 06/10/2022 (ER discharge paper is reviewed). He had Urologist consultation on 11/17/2022- it is reviewed; urine culture as of 08/03/2022 is negative.

02/17/2023

CT scan of abdomen and pelvis: small non-obstructing calculi, bilaterally, no acute obstruction of renal collecting system, small umbilical hernia

08/20/2021

PTH WNL

Uric acid 5.4

Urine MicroAlb Cr. 2

In the interim: symptomatology is in remission.

Pain: Continued on to other problem section.
Not Applicable

COMPLAINT 3 Provider: Sood, Ravi (MAT) MD

Chief Complaint: Other Problem

Subjective: Continued form the kidney disease section.

Chronic mental health (MH) or behavioral problems: history of substance abuse- Percocet, ETOH; he has anxiety, depression since 2019; last time he took MH medication 01/2021; he had no suicidal attempts or MH related ER or hospital admission; presently, he has low energy, low motivation increased anxiety and impaired sleep; he has no thoughts to hurt self or others; he ruminates; he had no behavioral modification or mental health strengthening courses at psychology and chapel; various treatment options for his MH are being discussed with him; he opts for increment of MH medication and to explore courses at psychology - C B Skills or mindful guided meditation.

Family history: father: renal calculi run in family (no family history of hyperparathyroidism); smoked cigarettes: one pack/day for 20 years.

HIV, HCV, HBV, RPR are negative.

S/P multiple inguinal hernia repairs - two hernia repair on left side - last surgery was in 2007, right side hernia repair in 2007; in the interim: he has intermittent right inguinal scrotal dragging pain; overall pattern of symptomatology has ben same with no worsening of it or new symptoms.

S/P right little toe amputation in 1997: in the interim: no problems

High TSH- subclinical hypothyroidism

07/10/2023

TSH WNL

08/20/2021

TSH 5.7 H

Hypo-vitamin D

Pre-DM; family history of DM.

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Sood, Ravi (MAT) MD	Facility: FTD	Unit: S02
Encounter Date: 07/13/2023 10:55			

Pain: Continued on to general section.
Not Applicable

COMPLAINT 4 Provider: Sood, Ravi (MAT) MD

Chief Complaint: GENERAL

Subjective: Continued from other problem section.

Vision problems: he has intermittent right eye twitching for 3 weeks; in the interim: vision stable; NO: diplopia or glaucoma or sudden vision loss or eye surgery; review of symptoms for intracranial space occupying lesion is negative.

Sleep apnea: none; Hearing problem: none.

PPD test as of 10/09/2022 is negative; he has no symptoms of active TB; he is being apprised of the symptoms of active TB; CXR as of 08/20/2021 is negative.

He declines to receive COVID-19 vaccine- his belief. he understands that he is at increased risk for severe COVID-19 infection.

No family history of colon cancer; he had no colonoscopy; review of systems for colon cancer is negative.

Medications: he is compliant with his medications and tolerates them; OTC medications: one; he is being apprised of the side effects of the medications; GI bleed/black colored stools, and renal surgery are one of the side effects of the ibuprofen.

Exercise: yes; Watchful of his diet: yes; Weight: 208 LBS c.f. 175 LBS as of 03/02/2020. He is being counseled for healthy lifestyle changes including weight reduction by cutting back on calories.

His lab work up is reviewed with him.

07/10/2023
S Cr., GFR WNL
AST/ALT WNL
CH 102, TG 88, HDL 28, LDL 56
TSH WNL
HB%, WBC, PLT WNL
A1C 5.8

Pain: Not Applicable

Seen for clinic(s): General, Mental Health, Nephrology, Cardiac

Added to clinic(s): Cardiac

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
07/13/2023	10:54 FTD	98.3	36.8	Tympanic	Sood, Ravi (MAT) MD

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
07/13/2023	10:54 FTD	75	Radial	Regular	Sood, Ravi (MAT) MD

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Sood, Ravi (MAT) MD	Facility: FTD	Unit: S02
Encounter Date: 07/13/2023 10:55			

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
-------------	-------------	------------------------	-----------------	---------------	-----------------

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
07/13/2023	10:54 FTD	16	Sood, Ravi (MAT) MD

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
07/13/2023	10:54 FTD	105/73	Right Arm	Sitting	Adult-large	Sood, Ravi (MAT) MD

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Alr</u>	<u>Provider</u>
07/13/2023	10:54 FTD	99	Room Air	Sood, Ravi (MAT) MD

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
07/13/2023	10:54 FTD	208.0	94.3		Sood, Ravi (MAT) MD

ROS Comments

ROS

Constitutional Symptoms

No: Anorexia, Easily Tired, Fever, Night Sweats, Unexplained Weight Loss

Cardiovascular system

No: Orthopnea, Paroxysmal Nocturnal Dyspnea, Palpitation, Syncope, Claudication

Gastrointestinal system

No: Appetite Loss, Dysphagia, Hematemesis, Nausea, Vomiting, Odynophagia, Stools Black, Bleeding per Rectum

Respiratory System

No: Hemoptysis

Psychiatry

No: Mood-Down, Anxious, Panic Attacks, Sleep-Decreased, Energy-Decreased, Appetite-Decreased, Concentration-Decreased, Memory Impaired, Hallucinations-Auditory, Hallucinations-Command, Hallucinations-Visual, Hallucinations-Tactile, Hallucinations-Olfactory, Flashbacks, Suicide/Self-Harm Thoughts, Homicide/Other Harm Thoughts

Endocrine system
pre-DM

Exam Comments

Examination:

General: Affect: Pleasant, Cooperative; Appearance: Alert and Oriented x 3

Nutrition: BMI 29

Skin: No suspicious skin lesion

Head: General: Atraumatic/Normocephalic

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Sood, Ravi (MAT) MD	Facility: FTD	Unit: S02
Encounter Date: 07/13/2023 10:55			

Eyes: General: Extraocular Movements Intact; Visual Fields: Normal Fields
 Conjunctiva and Sclera: No gross abnormality; Cornea and Lens: No gross abnormality

Nose: no gross abnormality
 Face: General: Symmetric
 Mouth: Tongue: No Lesion(s); Pharynx: No White Plaques

Neck: General: Supple
 Thyroid: No: Nodule

Pulmonary: Auscultation: Clear to Auscultation; No Crackles or Rhonchi

Cardiovascular: Auscultation: Regular Rate and Rhythm (RRR), Normal S1 and S2
 No: M/R/G

Vascular: No: Carotid Bruits, Abdominal Bruits, Jugular Venous Distension

Peripheral Vascular: General: No: Edema
 Lymphatics: No Regional Lymphadenopathy

Abdomen: Inspection: No: Stigmata of Liver Disease
 Palpation: Soft; No Tenderness on Palpation, No Mass(es) or Hepato-Splenomegaly

Neurologic: CN 2-12 Intact Grossly; no focal neurological deficit

Mental Health: Posture: Upright; Grooming/Hygiene: Appropriate Grooming
 Affect: Appropriate; Speech/Language: Appropriate; Mood: Appropriate
 Thought Process: Goal Directed; Thought Content: Goal Directed; Recent Memory
 Appropriate; Remote Memory: Appropriate

Musculoskeletal:

Presented to the clinic walking in no distress using no mechanical support such as cane.

Right little toe amputation.

ROM full, Neurovascular functions intact in rest of extremities.

ASSESSMENT:

Body mass index (BMI) 29.0-29.9, adult, Z6829 - Current

Calculus of kidney, N200 - Current

Chest pain, unspecified, R079 - Current

Chronic ischemic heart disease, I259 - Current

Dizziness and giddiness, R42 - Current

HCV Negative, Z1159-HCV - Current

Hyperlipidemia, unspecified, E785 - Current

Hypothyroidism, E039 - Current

Low back pain, UNS, M5450 - Current

Mental disorder, not otherwise specified, F99 - Current

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Sood, Ravi (MAT) MD	Facility: FTD	Unit: S02
Encounter Date: 07/13/2023 10:55			

Negative Test: HIV, Human immunodeficiency virus, Z717 - Current

Non-ST elevation (NSTEMI) myocardial infarction, I214 - Current

Shortness of breath, R0602 - Current

Unspecified glaucoma, H409 - Current

Vitamin D deficiency, E559 - Current

Unspecified Anxiety Disorder, F41.9 - Current

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Mirtazapine Tablet	07/13/2023 10:55
	<u>Prescriber Order:</u> 45 mg Orally each evening x 180 day(s)	
	Indication: Unspecified Anxiety Disorder, Mental disorder, not otherwise specified	
	busPIRone Tablet	07/13/2023 10:55
	<u>Prescriber Order:</u> 7.5 mg Orally - Two Times a Day x 180 day(s)	
	Indication: Unspecified Anxiety Disorder, Mental disorder, not otherwise specified	

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
597748-FTD	Aspirin 81 MG EC Tab	07/13/2023 10:55
	<u>Prescriber Order:</u> Take one tablet (81 MG) by mouth each day x 365 day(s)	
	Indication: Non-ST elevation (NSTEMI) myocardial infarction	
597751-FTD	Atorvastatin 80 MG TAB	07/13/2023 10:55
	<u>Prescriber Order:</u> Take one tablet (80 MG) by mouth every night at bedtime x 180 day(s)	
	Indication: Hyperlipidemia, unspecified	
597752-FTD	Clopidogrel Bisulfate 75 MG Tab	07/13/2023 10:55
	<u>Prescriber Order:</u> Take one tablet (75 MG) by mouth each day x 180 day(s)	
	Indication: Tachycardia, unspecified	
597753-FTD	DULoxetine HCl Delayed Rel 30 MG Cap	07/13/2023 10:55
	<u>Prescriber Order:</u> Take three capsules (90 MG) by mouth each evening for pain x 180 day(s)	
	Indication: Calculus of kidney	
597754-FTD	Metoprolol Tartrate 50 MG Tab	07/13/2023 10:55
	<u>Prescriber Order:</u> Take one tablet (50 MG) by mouth twice daily x 365 day(s)	
	Indication: Tachycardia, unspecified	
597756-FTD	Nitroglycerin SL 0.4 MG Tab [25 count]	07/13/2023 10:55
	<u>Prescriber Order:</u> Place 1 tab under the tongue for chest pain-may repeat every 5 min x 2 more if needed. If no relief, contact medical staff x 180 day(s)	
	Indication: Non-ST elevation (NSTEMI) myocardial infarction	
597757-FTD	Tamsulosin HCl 0.4 MG Cap	07/13/2023 10:55
	<u>Prescriber Order:</u> Take one capsule (0.4 MG) by mouth each day x 180 day(s)	
	Indication: Calculus of kidney	

Inmate Name: DAWARA, IMAD
 Date of Birth: 10/12/1979
 Encounter Date: 07/13/2023 10:55

Sex: M Race: WHITE
 Provider: Sood, Ravi (MAT) MD

Reg #: 69939-066
 Facility: FTD
 Unit: S02

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
------------	-------------------	-------------------

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
598868-FTD	Mirtazapine 30 MG Tab	07/13/2023 10:55

Prescriber Order: Take one tablet (30 MG) by mouth each evening *consent form on file *

Discontinue Type: When Pharmacy Processes

Discontinue Reason: new order written

Indication:

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests - Short List-General-Hemoglobin A1C	One Time	06/05/2024 00:00	Routine
Lab Tests - Short List-General-CBC w/diff			
Lab Tests - Short List-General-Comprehensive Metabolic Profile (CMP)			
Lab Tests - Short List-General-Lipid Profile			
Lab Tests - Short List-General-TSH			
Lab Tests - Short List-General-Comprehensive Metabolic Profile (CMP)	One Time	12/05/2023 00:00	Routine
Lab Tests - Short List-General-Hemoglobin A1C			
Lab Tests - Short List-General-CBC w/diff			
Lab Tests-V-Vitamin D, 25-Hydroxy			

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Radiology	08/31/2023	08/31/2023	Routine	No	

Subtype:

2D Echo

Reason for Request:

Cardiac 2 D echo

The patient is 43 years old male.

CAD - S/P placement to drug eluting stents in mid left circumflex and mid LAD coronary arteries on 06/11/2023 at Deborah Hospital when he was sent to this hospital chest pain; post stenting on 06/20/2023 he was referred to ER at Deborah Hospital for worsening SOB where he was hospitalized for two days; in the interim: he has been complaint with his discharge medications including blood thinner medications and tolerates them; he is being counseled to avoid physical altercation as being on blood thinner medication; in the interim: he was told by the hospital Cardiologist to try exercise after two weeks and gradually increase it; he walks on treadmill half an hour 3-4 times a week; at the end of exercise feels tired and chest discomfort; he denies use of NTG; no: swelling on feet or PND. he is being counseled to stop treadmill exercise and to start 15 minutes of routine walking daily and use NTG if gets chest pain on walking; he would report to me in the clinic after a week about his walking.

Provisional Diagnosis:

The patient is 43 years old male. CAD - S/P placement to drug eluting stents in mid left circumflex and mid LAD coronary arteries

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Chart_Review	07/13/2023 00:00	Physician 04

Inmate Name: DAWARA, IMAD
 Date of Birth: 10/12/1979
 Encounter Date: 07/13/2023 10:55

Sex: M Race: WHITE
 Provider: Sood, Ravi (MAT) MD

Reg #: 69939-066
 Facility: FTD
 Unit: S02

Activity**Date Scheduled****Scheduled Provider**

Chart review- routine follow up and renewal of his medications.

Chronic Care Visit

06/05/2024 00:00 Physician 04

Disposition:

Follow-up at Sick Call as Needed
 Return Immediately if Condition Worsens
 Follow-up in 1 Year

Other:

Plan of care

Care level 2burn and cut back on calories.

Chronic MH or behavioral problems: history of substance abuse- Percocet, ETOH; he has anxiety, depression since 2019; last time he took MH medication 01/2021; he had no suicidal attempts or MH related ER or hospital admission; presently, he has low energy, low motivation, increased anxiety and impaired sleep; he has no thoughts to hurt self or others; he ruminates; he had no behavioral modification or mental health strengthening courses at psychology and chapel: Remeron dose is maximized, Buspar is added, he is being referred to psychology to explore courses such as C B Skills or mindful guided meditation.

CAD - S/P placement to drug eluting stents in mid left circumflex and mid LAD coronary arteries on 06/11/2023 at Deborah Hospital; he walks on treadmill half an hour 3-4 times a week; at the end of exercise feels tired and chest discomfort; he denies use of NTG; no: swelling on feet or PND. he is being counseled to stop treadmill exercise and to start 15 minutes of routine walking daily and use NTG if gets chest pain on walking; he would report to me in the clinic after a week about his exercise tolerance/chest pain: continue current treatment, an increment in metoprolol is deferred, Cardiac 2 D echo, follow up with Cardiologist.

Chronic renal calculi, bilaterally since 2002; he had multiple surgeries -total of 17 surgeries; no open surgery; last surgery was in 05/2019 S/P cystoscopy stent placement and stone removal on left side; 08/20/2021: PTH WNL; Uric acid 5.4; Urine MicroAlb Cr. 2; he is S/P lithotripsy for left renal calculi on 04/18/2022; KUB as of 04/25/2022: the previous left renal stone of 6 mm size appears smaller in size 2 mm; stable right renal stones in right; no other stone is noted along the rest of urinary tract; he had ER visit for left abdomen pain on 06/10/2022 (ER discharge paper is reviewed). He had Urologist consultation on 11/17/2022- it is reviewed; urine culture as of 08/03/2022 is negative; 02/17/2023: CT scan of abdomen and pelvis: small non-obstructing calculi, bilaterally, no acute obstruction of renal collecting system, small umbilical hernia: plenty of oral fluids, flomax to continue.

Hypo-vitamin D: sun exposure, dietary modifications

S/P multiple inguinal hernia repairs - two hernia repair on left side - last surgery was in 2007, right side hernia repair in 2007: in the interim: he has intermittent right inguinal scrotal dragging pain: activity restriction, weight reduction.

Family history: father: renal calculi run in family (no family history of hyperparathyroidism); smoked cigarettes: one pack/day for 20 years

HIV, HCV, HBV, RPR are negative.

He declines to receive COVID-19 vaccine,

Right eye twitch: follow up with Optometrist

Healthy lifestyle changes (regular exercise, dietary modifications: restrict calories, saturated fat, sugar/sodium, and simple carbohydrates intake)

Mindful awareness or meditation

Yoga

Follow up lab work up.

The plan of care is being discussed with patient, and he verbalizes understanding of it.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/13/2023	Counseling	Access to Care	Sood, Ravi	Verbalizes Understanding

He is being counseled for dietary modifications (reduction in calories: 500 to 750 calories deficit/day, intermittent energy restriction, restriction of simple carbohydrates, saturated fat, and sodium/sugar intake); exercise (150 minutes of moderate exercise per week); medications side effects; diabetes mellitus management; foot care; safety and injury prevention; preventive health; compliance of treatment. Also, plan of

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Sood, Ravi (MAT) MD	Facility: FTD	Unit: S02
Encounter Date: 07/13/2023 10:55			

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
		care is being discussed. He verbalizes understanding. He is being counseled about hand /respiratory hygiene, protection barrier- wearing of facial mask, social distancing		

Copay Required: No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Sood, Ravi (MAT) MD on 07/13/2023 12:39

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Taege, Brian RN	Facility: FTD	Unit: S02
Encounter Date: 07/03/2023 14:00			

Nursing - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Taege, Brian RN

Chief Complaint: Chest Pain

Subjective: Hand-off report- off hours inmate requested evaluation for chest pain.

Pain: Yes

Pain Assessment

Date: 07/03/2023 13:21

Location: Chest-Left

Quality of Pain: Aching

Pain Scale: 8

Intervention: 1 sl nitro

Trauma Date/Year:

Injury:

Mechanism:

Onset: 1-5 Hours

Duration: 1-5 Hours

Exacerbating Factors: sob

Relieving Factors: none

Reason Not Done:

Comments:

OBJECTIVE:

Exam:

General

Affect

Yes: Anxious

Appearance

Yes: Appears Well, Alert and Oriented x 3

Skin

General

Yes: Within Normal Limits, Dry, Skin Intact

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

Cardiovascular

Observation

Yes: Within Normal Limits

Inmate Name: DAWARA, IMAD
 Date of Birth: 10/12/1979
 Encounter Date: 07/03/2023 14:00

Sex: M Race: WHITE
 Provider: Taege, Brian RN

Reg #: 69939-066
 Facility: FTD
 Unit: S02

ASSESSMENT:

Pain - Chest

HPI prior hospitalization:

43-year-old incarcerated male with past medical history of multiple kidney stones requiring lithotripsy. Patient was recently admitted to DHLC on 6/11 when he presented with left-sided chest pressure. At that time, patient had complained of radiating pain to the shoulders, neck and left arm. Of note patient is an ex-smoker with 25-pack-year smoking history and extensive hookah smoking as well. During his last admission, patient was initially admitted to the medical intensive care unit for recurring 10 out of 10 chest pressure requiring multiple doses of nitroglycerin and ultimately a nitroglycerin infusion. His EKG at that time did not show any ischemic changes, however on telemetry he had a 19 beat run of NSVT. Patient was then loaded with Brilinta and started on a heparin drip. His troponin continued to rise and peaked at 6.78 before trending down. On 6/11/23, he underwent cardiac catheterization and PCI with drug eluting stent to mLCx and mLAD. He was loaded with Plavix during the case and continued on it thereafter. Transthoracic echocardiogram at the time revealed a preserved ejection fraction. Cardiology recommended continued DAPT with Aspirin and Plavix and continue Atorvastatin.

Pain - Chest

Received care handoff from J. Pecora, RN Supervisor:

Today received call from unit officer for c/o CP. Inmate brought down to medical for evaluation via leap. EKG performed scanned into doc manager for eval. 3 SL nitro given, refer to flow sheets; no relief. Continued pain to left-sided chest pain, non-radiating, with associated SOB. Eval @ bedside by Scipio MLP.

Call to Dr. Ahmedi who recommends 1 dose milk of magnesium to be given. Administered w/no relief. Peak flow to r/o resp. Peak flow WNL, good effort. 1 tab T3 given, no relief.

Inmate continues to report chest pressure 9/10 with sharp intermittent stabbing pain.

MD on call notified. Offered additional T3 dosing for pain relief. Inmate declined. No additional orders at this time. Inmate has f/u care already scheduled appropriately. Due to multiple recent admissions and ER trips all known work-ups have already been performed.

Inmate escorted to housing unit via leap. Inmate able to walk up ramp to unit with steady gait experiencing no SOB, speaking full clear sentences.

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Acetaminophen/Codeine 300/30 MG Tablets	07/03/2023 14:00
	<u>Prescriber Order:</u> 1 tab Orally One Time Dose Given PRN x 0 day(s) Pill Line Only	
	Start Now: Yes	
	Night Stock Rx#:	
	Source: Pyxis	
	Admin Method: Pill Line	
	Stop Date: 07/03/2023 14:52	
	MAR Label: 1 tab Orally One Time Dose Given PRN x 0 day(s) Pill Line Only	
	One Time Dose Given: Given Now	

New Radiology Request Orders:

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
General Radiology-Chest-2 Views	One Time		07/04/2023	Routine
Specific reason(s) for request (Complaints and findings):				

Inmate Name: DAWARA, IMAD
 Date of Birth: 10/12/1979
 Encounter Date: 07/03/2023 14:00

Sex: M Race: WHITE
 Provider: Taege, Brian RN

Reg #: 69939-066
 Facility: FTD
 Unit: S02

chest pain

Disposition:

Consultation Written
 Follow-up at Sick Call as Needed
 To be Evaluated by Provider

Other:

F/u cardiology consultation already written.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/03/2023	Counseling	Access to Care	Taege, Brian	Needs Reinforceme

Copay Required: Yes

Cosign Required: Yes

Telephone/Verbal Order: Yes **By:** Ahmedi, F. (MAT) DO

Telephone or Verbal order read back and verified.

Completed by Taege, Brian RN on 07/03/2023 18:59

Requested to be cosigned by Ahmedi, F. (MAT) DO.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Sood, Ravi (MAT) MD.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DAWARA, IMAD	Sex: M Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Pecora, Jaclyne RN	Facility: FTD
Encounter Date: 07/03/2023 13:45		Unit: S02

Nursing - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Pecora, Jaclyne RN
 Chief Complaint: Chest Pain
 Subjective: chest pain
 Pain: Not Applicable

OBJECTIVE:

Exam:

General

Affect

Yes: Irritable

ASSESSMENT:

Pain - Chest
 Call from unit officer for c/o CP onset 30 min PTA.
 Picked up via leap and brought to medical for evaluation.
 EKG performed scanned into doc manager for eval.
 3 SL nitro given, refer to flow sheets. Continued pain to left chest non radiating with associated SOB. VSS and documented in flow sheets.
 Eval @ bedside by Scipio MLP.
 Call to Dr.Ahmedi who recommends 1 dose milk of magnesium to be given. Inmate reports last BM yesterday and normal.
 Care handed off to Taege, RN. Re-evaluate in 30 minutes and call provider.

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Magnesium Hydroxide Susp	07/03/2023 13:45
	<u>Prescriber Order:</u> one dose Orally One Time Dose Given PRN x 0 day(s) Pill Line Only	
	Start Now: Yes	
	Night Stock Rx#:	
	Source: Pyxis	
	Admin Method: Pill Line	
	Stop Date: 07/03/2023 13:50	

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Pecora, Jaclyne RN	Facility: FTD	Unit: S02
Encounter Date: 07/03/2023 13:45			

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	MAR Label: one dose Orally One Time Dose Given PRN x 0 day(s) Pill Line Only	
	One Time Dose Given: Given Now	

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/03/2023	Counseling	Access to Care	Pecora, Jaclyne	Verbalizes Understanding

Copay Required: No**Cosign Required:** Yes**Telephone/Verbal Order:** Yes **By:** Ahmed, F. (MAT) DO**Telephone or Verbal order read back and verified.**

Completed by Pecora, Jaclyne RN on 07/03/2023 13:51

Requested to be cosigned by Ahmed, F. (MAT) DO.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DAWARA, IMAD
Date of Birth: 10/12/1979
Encounter Date: 06/29/2023 10:52

Sex: M Race: WHITE
Provider: Scipio, Sharon NP

Reg #: 69939-066
Facility: FTD
Unit: S02

Mid Level Provider - Sick Call Note encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Scipio, Sharon NP

Chief Complaint: Other Problem

Subjective: 43 year old IM reports to sick call with complaints of SOB, bruising to (L) forearm since June 25, 2023. IM reports that he was recently at the hospital (June 20, 2023 for SOB and chest pain) for the same symptoms. IM states while at the hospital, he was ok because he was not walking up and down and was stationary. IM is requesting to have his cell in a two man room on the first floor in the lower bunk. IM states that there is a 10 pod space available and he feels that the environment would increase his anxiety.

IM reports that his pain and SOB is intermittent.

Pain: As per IM, H/O MI on June 11, 2023.
No

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
06/29/2023	10:52 FTD	98.0	36.7	Oral	Scipio, Sharon NP

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
06/29/2023	10:52 FTD	70	Via Machine	Regular	Scipio, Sharon NP

Respirations:

Date	Time	Rate Per Minute	Provider
06/29/2023	10:52 FTD	18	Scipio, Sharon NP

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
06/29/2023	10:52 FTD	122/84	Left Arm	Sitting	Adult-large	Scipio, Sharon NP

SaO2:

Date	Time	Value(%)	Air	Provider
06/29/2023	10:52 FTD	99	Room Air	Scipio, Sharon NP

Height:

Date	Time	Inches	Cm	Provider
06/29/2023	10:52 FTD	71.0	180.3	Scipio, Sharon NP

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
06/29/2023	10:52 FTD	201.0	91.2		Scipio, Sharon NP

Inmate Name: DAWARA, IMAD
 Date of Birth: 10/12/1979
 Encounter Date: 06/29/2023 10:52

Sex: M Race: WHITE
 Provider: Scipio, Sharon NP

Reg #: 69939-066
 Facility: FTD
 Unit: 802

RECEIVED
 NOV - 2 2023
 AT 8:30
 CLERK, U.S. DISTRICT COURT & DNJ

Exam:

General

Affect

Yes: Pleasant, Cooperative, Anxious
 No: Irritable, Agitated, Flat

Appearance

Yes: Appears Well, Alert and Oriented x 3, Alert & Oriented to Person, Alert & Oriented to Place, Alert & Oriented to Time
 No: Appears Distressed

Skin

General

Yes: Within Normal Limits, Dry, Skin Intact, Warmth
 No: Clammy, Cool, Diaphoretic, Taut, Tenderness, Tenting, Erythema, Callus, Induration, Atrophic, Surgical Scars, Tattoos

Pulmonary

Observation/Inspection

Yes: Within Normal Limits
 No: Coughing, severe w production green/brown mucus, Apneic, Respiratory Distress, Tachypnea, Hyperventilation

Auscultation

Yes: Clear to Auscultation, Vesicular Breath Sounds Bilaterally, Bronchial Breath Sounds
 No: Egophony, Tactile Fremitus, Bronchophony

Cardiovascular

Observation

Yes: Within Normal Limits, Normal Rate, Regular Rhythm
 No: Tachycardia, Bradycardia, Irregular Rhythm, Irregularly Irregular Rhythm, Cardiopulmonary Distress, Painful Distress

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2
 No: M/R/G, S3, S4

Peripheral Vascular

Arms

Yes: Radial Pulse Normal L, Radial Pulse Absent L, Brachial Pulse Normal L, Ulnar Pulse Normal L, Capillary Refill Normal L, Allen's Test Normal L
 No: Radial Pulse Diminished L, Brachial Pulse Absent L, Brachial Pulse Diminished L, Ulnar Pulse Diminished L, Ulnar Pulse Absent L, Capillary Refill Prolonged L, Allen's Test Abnormal L

Exam Comments

43-year-old IM reports to sick call today with complaints intermittent SOB/chest pain, and (L) forearm bruising.

On PE:

Respirations were 18, with a normal rhythm.

HR was 70 RRR.

(+) for anxiety related to his health and concerns relating to his charges and family.

POC:

1. order EKG
2. check on increase of anxiety medications

Inmate Name: DAWARA, IMAD	Sex: M Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Scipio, Sharon NP	Facility: FTD
Encounter Date: 06/29/2023 10:52		Unit: S02

3. Consult with PCPT MD regarding bunk pass.
4. Education on Plavix.

ASSESSMENT:

Unspecified Anxiety Disorder, F41.9 - Current

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Mirtazapine Tablet	06/29/2023 10:52
	<u>Prescriber Order:</u> 30 mg Orally each evening x 180 day(s) -- Take on tablet by mouth in the evening.	
	Indication: Unspecified Anxiety Disorder, Mental disorder, not otherwise specified	

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
597755-FTD	Mirtazapine 15 MG Tab	06/29/2023 10:52
	<u>Prescriber Order:</u> Take one tablet (15 MG) by mouth each evening *consent form on file *	
	Discontinue Type: When Pharmacy Processes	
	Discontinue Reason: new order written	
	Indication:	

Disposition:

- Follow-up at Sick Call as Needed
- Follow-up at Chronic Care Clinic as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/29/2023	Counseling	Access to Care	Scipio, Sharon	Verbalizes Understanding
06/29/2023	Counseling	Medication Side Effects	Scipio, Sharon	Verbalizes Understanding

Copay Required: No**Cosign Required:** Yes**Telephone/Verbal Order:** No

Completed by Scipio, Sharon NP on 06/29/2023 12:13

Requested to be cosigned by Sood, Ravi (MAT) MD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DAWARA, IMAD	Sex: M Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Newbury, R. RN	Facility: FTD
Encounter Date: 06/22/2023 16:09		Unit: S02

Nursing - Medical Trip Return encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Newbury, R. RN
 Chief Complaint: Medical Trip Return
 Subjective: Pt is a medical trip return from Deborah.
 Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
06/22/2023	16:09 FTD	98.1	36.7		Newbury, R. RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/22/2023	16:09 FTD	76			Newbury, R. RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/22/2023	16:09 FTD	18	Newbury, R. RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
06/22/2023	16:09 FTD	120/86				Newbury, R. RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
06/22/2023	16:09 FTD	100	Room Air	Newbury, R. RN

Exam:

General

Affect

Yes: Pleasant

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

Cardiovascular

Observation

Yes: Within Normal Limits

ASSESSMENT:

No Significant Findings/No Apparent Distress

Pt is a medical trip return from Deborah.

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Newbury, R. RN	Facility: FTD	Unit: S02
Encounter Date: 06/22/2023 16:09			

Pt is AAOx3. Vitals are stable, and charted.

Pt denies pain and denies any injury on this transport.

Pts chart was reviewed for allergies: he is allergic to PCN and Ancef

Dx: Chest pain - CAD

Plan: Follow up with PCP. Noted pt already has an active Cardiology consult pending approval.

Pt having no complaints/concerns was released to the compound and walked out of Health Services in no apparent distress.

PLAN:

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/22/2023	Counseling	Access to Care	Newbury, R.	Verbalizes Understanding
06/22/2023	Counseling	Plan of Care	Newbury, R.	Verbalizes Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Newbury, R. RN on 06/22/2023 16:13

Requested to be cosigned by Sood, Ravi (MAT) MD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: DAWARA, IMAD		Reg #: 69939-066
Date of Birth: 10/12/1979	Sex: M Race: WHITE	Facility: FTD
Note Date: 06/21/2023 15:31	Provider: Sood, Ravi (MAT) MD	Unit: S02

Admin Note - General Administrative Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Sood, Ravi (MAT) MD

The patient is 43 years old male. On 06/11/2023 he had ER visit at Deborah Hospital for substernal chest pain. He had placement of two stents in the coronary arteries.

On 06/20/2023 he was referred to ER at Deborh Hospital for worsening SOB. He was admitted there.

Hospitalization day # 2

He had EKG and had cardiac 2 ECHO- its result is pending.
Vitals are stable.

Discharge is unknown.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Sood, Ravi (MAT) MD on 06/21/2023 15:36

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DAWARA, IMAD
Date of Birth: 10/12/1979
Encounter Date: 06/20/2023 10:37

Sex: M Race: WHITE
Provider: Sood, Ravi (MAT) MD

Reg #: 69939-066
Facility: FTD
Unit: S02

Physician - Follow up Visit encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Sood, Ravi (MAT) MD

Chief Complaint: CARDIAC

Subjective: The patient is 43 years old male. he is referred to the clinic by the FTD ER RN to evaluate him to whom he presented with shortness of breath (SOB).

On 06/11/2023 he had ER visit at Deborah Hospital for substernal chest pain. He had placement of two stents in the coronary arteries.

In the interim: he has got all his post hospital discharge medications and tolerates them. Post discharge he has shortness of breath which he experiences at rest, and it worsens with exertion. Overall, SOB has worsened- he feels as if he is running. He has intermittent chest pain not consistently related with exertion; it comes and goes lasting few seconds. Also, complains of palpitation lasting few seconds. He wakes up from sleep due to SOB. He denies edema feet.

Today, and EKG is obtained and compared with previous EKG.

Pain: He has run out of mental health medication for few months.
Not Applicable

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
06/20/2023	10:37 FTD	98.2	36.8	Tympanic	Sood, Ravi (MAT) MD

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
06/20/2023	10:37 FTD	78	Radial	Regular	Sood, Ravi (MAT) MD

Respirations:

Date	Time	Rate Per Minute	Provider
06/20/2023	10:37 FTD	16	Sood, Ravi (MAT) MD

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
06/20/2023	10:37 FTD	104/69	Left Arm	Sitting	Adult-large	Sood, Ravi (MAT) MD

SaO2:

Date	Time	Value(%)	Air	Provider
06/20/2023	10:37 FTD	100	Room Air	Sood, Ravi (MAT) MD

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
------	------	-----	----	---------------	----------

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Sood, Ravi (MAT) MD	Facility: FTD	Unit: S02
Encounter Date: 06/20/2023 10:37			

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
06/20/2023	10:37 FTD	211.0	95.7		Sood, Ravi (MAT) MD

ROS Comments

Examination:

General: Affect: Pleasant, Cooperative; Appearance: Alert and Oriented x 3
 Nutrition: BMI 29.4

Skin: No suspicious skin lesion

Head: General: Atraumatic/Normocephalic

Eyes: General: Extraocular Movements Intact; Visual Fields: Normal Fields
 Conjunctiva and Sclera: No gross abnormality; Cornea and Lens: No gross abnormality

Nose: no gross abnormality

Face: General: Symmetric

Mouth: Tongue: No Lesion(s); Pharynx: No White Plaques

Neck: General: Supple

Thyroid: No: Nodule

Pulmonary: Auscultation: Clear to Auscultation; No Crackles or Rhonchi

Cardiovascular: Auscultation: Regular Rate and Rhythm (RRR), Normal S1 and S2
 No: M/R/G

Vascular: No: Carotid Bruits, Abdominal Bruits, Jugular Venous Distension

Peripheral Vascular: General: No: Edema

Lymphatics: No Regional Lymphadenopathy

Abdomen: Inspection: No: Stigmata of Liver Disease

Palpation: Soft; No Tenderness on Palpation, No Mass(es) or Hepato-Splenomegaly

Neurologic: CN 2-12 Intact Grossly; no focal neurological deficit

Mental Health: Posture: Upright; Grooming/Hygiene: Appropriate Grooming

Affect: Appropriate; Speech/Language: Appropriate; Mood: Appropriate

Thought Process: Goal Directed; Thought Content: Goal Directed; Recent Memory

Appropriate; Remote Memory: Appropriate

Musculoskeletal:

Gait normal.

Presented to the clinic walking in no distress using no mechanical support such as cane.

ASSESSMENT:

Chest pain, unspecified, R079 - Current

Chronic ischemic heart disease, I259 - Current

Shortness of breath, R0602 - Current

Inmate Name: DAWARA, IMAD
 Date of Birth: 10/12/1979
 Encounter Date: 06/20/2023 10:37

Sex: M Race: WHITE
 Provider: Sood, Ravi (MAT) MD

Reg #: 69939-066
 Facility: FTD
 Unit: S02

PLAN:**Renew Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
583446-FTD	Mirtazapine 15 MG Tab <u>Prescriber Order:</u> Take one tablet (15 MG) by mouth each evening *consent form on file * x 180 day(s) Indication: Unspecified Anxiety Disorder, Mental disorder, not otherwise specified	06/20/2023 10:37
597300-FTD	Aspirin 81 MG EC Tab <u>Prescriber Order:</u> Take one tablet (81 MG) by mouth each day x 365 day(s) Indication: Non-ST elevation (NSTEMI) myocardial infarction	06/20/2023 10:37
597301-FTD	Atorvastatin 80 MG TAB <u>Prescriber Order:</u> Take one tablet (80 MG) by mouth every night at bedtime x 180 day(s) Indication: Hyperlipidemia, unspecified	06/20/2023 10:37
597302-FTD	Clopidogrel Bisulfate 75 MG Tab <u>Prescriber Order:</u> Take one tablet (75 MG) by mouth each day x 180 day(s) Indication: Tachycardia, unspecified	06/20/2023 10:37
583442-FTD	DULoxetine HCl Delayed Rel 30 MG Cap <u>Prescriber Order:</u> Take three capsules (90 MG) by mouth each evening for pain x 180 day(s) Indication: Calculus of kidney	06/20/2023 10:37
597303-FTD	Metoprolol Tartrate 50 MG Tab <u>Prescriber Order:</u> Take one tablet (50 MG) by mouth twice daily x 365 day(s) Indication: Tachycardia, unspecified	06/20/2023 10:37
597308-FTD	Nitroglycerin SL 0.4 MG Tab [25 count] <u>Prescriber Order:</u> Place 1 tab under the tongue for chest pain-may repeat every 5 min x 2 more if needed. If no relief, contact medical staff x 180 day(s) Indication: Non-ST elevation (NSTEMI) myocardial infarction	06/20/2023 10:37
583447-FTD	Tamsulosin HCl 0.4 MG Cap <u>Prescriber Order:</u> Take one capsule (0.4 MG) by mouth each day x 180 day(s) Indication: Calculus of kidney	06/20/2023 10:37

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Cardiology	07/28/2023	07/28/2023	Routine	No	

Subtype:

Initial Evaluation

Reason for Request:

The patient is 43 years old male. he is referred to the clinic by the FTD ER RN to evaluate him to whom he presented with shortness of breath (SOB).

On 06/11/2023 he had ER visit at Deborah Hospital for substernal chest pain. He had placement of two stents in the coronary arteries.

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Sood, Ravi (MAT) MD	Facility: FTD	Unit: S02
Encounter Date: 06/20/2023 10:37			

In the interim: he has got all his post hospital discharge medications and tolerates them. Post discharge he has shortness of breath which he experiences at rest, and it worsens with exertion. Overall, SOB has worsened- he feels as if he is running. He has intermittent chest pain not consistently related with exertion; it comes and goes lasting few seconds. Also, complains of palpitation lasting few seconds. He wakes up from sleep due to SOB. He denies edema feet.

Today, and EKG is obtained and compared with previous EKG.

He has run out of mental health medication for few months.

Provisional Diagnosis:

Post coronary stenting worsening shortness of breath.

Emergency Room	06/20/2023	06/20/2023	Routine	No
Subtype:				

Deborah Heart and Lung

Reason for Request:

The patient is 43 years old male. he is referred to the clinic by the FTD ER RN to evaluate him to whom he presented with shortness of breath (SOB).

On 06/11/2023 he had ER visit at Deborah Hospital for substernal chest pain. He had placement of two stents in the coronary arteries.

In the interim: he has got all his post hospital discharge medications and tolerates them. Post discharge he has shortness of breath which he experiences at rest, and it worsens with exertion. Overall, SOB has worsened- he feels as if he is running. He has intermittent chest pain not consistently related with exertion; it comes and goes lasting few seconds. Also, complains of palpitation lasting few seconds. He wakes up from sleep due to SOB. He denies edema feet.

Today, and EKG is obtained and compared with previous EKG.

He has run out of mental health medication for few months.

Provisional Diagnosis:

Post coronary stenting worsening shortness of breath.

Disposition:

Follow-up at Sick Call as Needed

Return Immediately if Condition Worsens

Other:

The patient is 43 years old male. he is referred to the clinic by the FTD ER RN to evaluate him to whom he presented with shortness of breath (SOB).

On 06/11/2023 he had ER visit at Deborah Hospital for substernal chest pain. He had placement of two stents in the coronary arteries.

In the interim: he has got all his post hospital discharge medications and tolerates them. Post discharge he has shortness of breath which he experiences at rest, and it worsens with exertion. Overall, SOB has worsened- he feels as if he is running. He has intermittent chest pain not consistently related with exertion; it comes and goes lasting few seconds. Also, complains of palpitation lasting few seconds. He wakes up from sleep due to SOB. He denies edema feet.

Today, and EKG is obtained and compared with previous EKG.

He has run out of mental health medication for few months.

Inmate Name: DAWARA, IMAD	Sex: M	Race: WHITE	Reg #: 69939-066
Date of Birth: 10/12/1979	Provider: Sood, Ravi (MAT) MD	Facility: FTD	Unit: S02
Encounter Date: 06/20/2023 10:37			

Plan of care

Post coronary artery stenting worsening SOB: he is referred to ER at Deborah Hospital for further evaluation.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/20/2023	Counseling	Access to Care	Sood, Ravi	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Sood, Ravi (MAT) MD on 06/20/2023 11:17

**Bureau of Prisons
Health Services
Inmate Local Hospital**

Reg #: 69939-066

Inmate Name: DAWARA, IMAD

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

TB Clearance: Yes

Last PPD Date: 10/09/2022

Induration: 0mm

Last Chest X-Ray Date:

Results:

TB Treatment:

Sx free for 30 days: Yes

TB Follow-up Recommended: No

Transfer To:

Transfer Date: 07/19/2023

Health Problems

<u>Health Problem</u>	<u>Status</u>
Hypothyroidism	Current
Subclinical Hypothyroidism	
Vitamin D deficiency	Current
Hyperlipidemia, unspecified	Current
Alcohol Use Disorder: Moderate	Current
Opioid Use Disorder: Severe	Current
Unspecified Anxiety Disorder	Current
Mental disorder, not otherwise specified	Current
Chronic depression	
Unspecified disorder of conjunctiva	Current
pinguecula	
Unspecified glaucoma	Current
narrow angles	
Otitis media	Current
Other peripheral vertigo	Current
Non-ST elevation (NSTEMI) myocardial infarction	Current
Chronic ischemic heart disease	Current
Partial loss of teeth	Current
Constipation, unspecified	Current
Low back pain, UNS	Current
Radiculopathy on R side	
Calculus of kidney	Current
S/P lithotripsy left renal calculi on 04/18/2022; Bilateral renal Calculi as per CT scan from 5/28/2021	
Tachycardia, unspecified	Current
Shortness of breath	Current
Chest pain, unspecified	Current
Unspecified abdominal pain	Current
Dizziness and giddiness	Current
Encounter for general adult medical exam without abnormal findings	Current
HCV Negative	Current
Body mass index (BMI) 27.0-27.9, adult	Current
Body mass index (BMI) 28.0-28.9, adult	Current
Body mass index (BMI) 29.0-29.9, adult	Current
Negative Test: HIV, Human immunodeficiency virus	Current
Chest pain, unspecified	Remission
Personal history of COVID-19	Remission
He declines to receive COVID-19 vaccine	

Reg #: 69939-066

Inmate Name: DAWARA, IMAD

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Medications: All medications to be continued until evaluated by a physician unless otherwise indicated. Bolded drugs required for transport.

Aspirin 81 MG EC Tab Exp: 07/12/2024 SIG: Take one tablet (81 MG) by mouth each day
 Atorvastatin 80 MG TAB Exp: 01/09/2024 SIG: Take one tablet (80 MG) by mouth every night at bedtime
 busPIRone 7.5 MG TAB Exp: 01/09/2024 SIG: Take one tablet (7.5 MG) by mouth twice daily *consent form on file

Clopidogrel Bisulfate 75 MG Tab Exp: 01/09/2024 SIG: Take one tablet (75 MG) by mouth each day
 DULoxetine HCl Delayed Rel 30 MG Cap Exp: 01/09/2024 SIG: Take three capsules (90 MG) by mouth each evening for pain
 Metoprolol Tartrate 50 MG Tab Exp: 07/12/2024 SIG: Take one tablet (50 MG) by mouth twice daily
 Mirtazapine 45 MG Tab Exp: 01/09/2024 SIG: Take one tablet (45 MG) by mouth each evening *consent form on file *

Nitroglycerin SL 0.4 MG Tab [25 count] Exp: 01/09/2024 SIG: Place 1 tab under the tongue for chest pain-may repeat every 5 min x 2 more if needed. If no relief, contact medical staff

Tamsulosin HCl 0.4 MG Cap Exp: 01/09/2024 SIG: Take one capsule (0.4 MG) by mouth each day

OTCs: Listing of all known OTCs this inmate is currently taking.

None

Pending Appointments:

<u>Date</u>	<u>Time</u>	<u>Activity</u>	<u>Provider</u>
07/19/2023	12:20	Intake	Newbury, R. RN
07/13/2023	00:00	Chart_Review	Physician 04
07/28/2023	00:00	Follow-up	Physician 04
10/09/2023	00:00	PPD Administration	Nurse
06/05/2024	00:00	Chronic Care Visit	Physician 04

Non-Medication Orders:

No Data Found

Active Alerts:

No Data Found

Consultations:

Pending Institutional Clinical Director Action

Consultation/Procedure Requested: Emergency Room
 Subtype: Deborah Heart and Lung
 Priority: Routine
 Location: Offsite
 Ordered Date: 06/20/2023
 Scheduled Target Date: 06/20/2023
 Level Of Care:

Reason for Request: The patient is 43 years old male. he is referred to the clinic by the FTD ER RN to evaluate him to whom he presented with shortness of breath (SOB).

On 06/11/2023 he had ER visit at Deborah Hospital for substernal chest pain. He had placement of two stents in the coronary arteries.

In the interim: he has got all his post hospital discharge medications and tolerates them. Post discharge he has shortness of breath which he experiences at rest, and it worsens with exertion. Overall, SOB has worsened- he feels as if he is running. He has intermittent chest pain not consistently related with exertion; it comes and goes lasting few seconds. Also, complains of palpitation lasting few seconds. He wakes up from sleep due to SOB. He denies edema feet.

Today, and EKG is obtained and compared with previous EKG.

He has run out of mental health medication for few months.

Provisional Diagnosis: Post coronary stenting worsening shortness of breath.

Reg #: 69939-066

Inmate Name: DAWARA, IMAD

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Consultation/Procedure Requested: Cardiology

Subtype: Initial Evaluation

Priority: Routine

Location: OnSite

Ordered Date: 06/20/2023

Scheduled Target Date: 07/28/2023

Level Of Care:

Reason for Request: The patient is 43 years old male. he is referred to the clinic by the FTD ER RN to evaluate him to whom he presented with shortness of breath (SOB).

On 06/11/2023 he had ER visit at Deborah Hospital for substernal chest pain. He had placement of two stents in the coronary arteries.

In the interim: he has got all his post hospital discharge medications and tolerates them. Post discharge he has shortness of breath which he experiences at rest, and worsens with exertion. Overall, SOB has worsened- he feels as if he is running. He has intermittent chest pain not consistently related with exertion; it comes and goes lasting few seconds. Also, complains of palpitation lasting few seconds. He wakes from sleep due to SOB. He denies edema feet.

Today, and EKG is obtained and compared with previous EKG.

He has run out of mental health medication for few months.

Provisional Diagnosis: Post coronary stenting worsening shortness of breath.

Consultation/Procedure Requested: Radiology

Subtype: 2D Echo

Priority: Routine

Location: Offsite

Ordered Date: 07/13/2023

Scheduled Target Date: 08/31/2023

Level Of Care:

Reason for Request: Cardiac 2 D echo

The patient is 43 years old male.

CAD - S/P placement to drug eluting stents in mid left circumflex and mid LAD coronary arteries on 06/11/2023 at Deborah Hospital when he was sent to this hospital chest pain; post stenting on 06/20/2023 he was referred to ER at Deborah Hospital for worsening SOB where he was hospitalized for two days; in the interim: he has been complaint with his discharge medications including blood thinner medications and tolerates them; he is being counseled to avoid physical altercation as being on blood thinner medication; in the interim: he was told by the hospital Cardiologist to try exercise after two weeks and gradually increase it; he walks on treadmill half an hour 3-4 times a week; at the end of exercise feels tired and chest discomfort; he denies use of NTG; no: swelling on feet or PND. he is being counseled to stop treadmill exercise and to start 15 minutes of routine walking daily and use NTG if gets chest pain on walking; he would report to me in the clinic after a week about his walking.

Provisional Diagnosis: The patient is 43 years old male. CAD - S/P placement to drug eluting stents in mid left circumflex and mid LAD coronary arteries

Consultation/Procedure Requested: Emergency Room

Subtype: RWJ - Hamilton

Priority: Emergent

Location: Offsite

Ordered Date: 07/19/2023

Scheduled Target Date: 07/19/2023

Level Of Care:

Reason for Request: 43 yo male with a history of Hypothyroidism - Subclinical Hypothyroidism - Vitamin D deficiency - hyperlipidemia - Alcohol Use Disorder - Opioid Use Disorder: Severe

Reg #: 69939-066

Inmate Name: DAWARA, IMAD

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Current - Anxiety Disorder - Chronic depression Non-ST elevation (NSTEMI) myocardial infarction Current Chronic ischemic heart disease.

Pt complains of left sided 9/10 chest pain that radiates laterally on palpation. Pt states he was at rest when the pain started.

Pt also appears very anxious.

EKG obtained and appears NSR and compares to one obtained 6/20/23. Pt claim sob. Chest rise/fall symmetrical, lungs clear. POX 99% on room air.

Pt denies any gi/gu distress.

MLP in to examine and orders Toradol 60mg IM.

Pt is not experiencing any relief after treatment.

Decision is made to send pt to the hospital to evaluate chest pain unrelieved by treatment with hx Non-ST elevation (NSTEMI) myocardial infarction.

Provisional Diagnosis:

Pending UR Committee Action

No Data Found

Pending Regional Review Action

No Data Found

Pending Scheduling

Consultation/Procedure Requested: Specialty Procedure - Offsite

Subtype: URO Lithroscopy

Location: Offsite

Ordered Date: 04/18/2022

Scheduled Target Date: 07/26/2022

Level Of Care: Medically Necessary - Non-Emergent

Reason for Request: S/P lithotripsy left renal calculi on 04/18/2022: as per post operative instruction lithotripsy on right renal calculi after a week

Lithotripsy x3 I would start with the lithotripsy on the left side x1 and then two lithotripsies on the right per Urology consult done 11/18/21 by Dr. Fingerman

ASSESSMENT/PLAN: Nephrolithiasis bilaterally. After a comprehensive discussion with him regarding his options, he has chosen to undergo lithotripsy. He does not want to undergo ureteroscopy despite the fact that all the stones on one side can be treated for treatment, and we could start on the left side as it is causing him more pain. He does not want a stent while in prison and therefore does not want ureteroscopy. We therefore will schedule lithotripsy x3. I would start with the lithotripsy on the left side x1 and then two lithotripsies on the right. Hopefully we can get these all schedule to get him started as soon as possible at his request. He is very insistent that we do this as soon as possible, but he is very well aware that things do not necessarily work that quickly through the prison system. There is nothing I can do about this. I am starting on the left because that is the side that is causing him more pain. Please obtain his old records, a parathyroid hormone level, and pain medications. Please schedule him for a left lithotripsy and then two right lithotripsies.

Provisional Diagnosis: Bilateral renal calculi

Consultation/Procedure Requested: Specialty Procedure - Offsite

Subtype: OPHTHA Other Procedure

Location: Offsite

Ordered Date: 05/25/2023

Scheduled Target Date: 08/23/2023

Level Of Care: Medically Necessary - Non-Emergent

Reason for Request: For: Peripheral iridectomy in the left eye in the either the Hamilton or Millstone office.

Reason: As per Ophthalmology consult 5/23/2023 by Dr. Beyer, 43 y/o male. Hx of Calculus of kidney, Anxiety Disorder, Hyperlipidemia, Hypothyroidism, glaucoma. The patient was seen today status post peripheral iridectomy of the right eye. He states since the iridectomy he has been noticing some achiness in both eyes. Visual

Reg #: 69939-066

Inmate Name: DAWARA, IMAD

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

acuties are 20/20 both eyes uncorrected. Pressures by Goldmann are 12. Anterior examination of the right eye shows an open peripheral iridectomy with no anterior cell. There is papilla of both conjunctivae both eyes.

ASSESSMENT AND PLAN:

1. Status post peripheral iridectomy of the right eye. He should be scheduled for a peripheral iridectomy in the left eye in the either the Hamilton or Millstone office in approximately one to three months.

2. Allergic conjunctivitis. The patient's achiness and discomfort are not secondary to his peripheral iridectomy since this is in both eyes. The symptoms and complaints are more consistent with allergic conjunctivitis. The patient can get over the counter Pataday or antihistamine drops once a day at Fort Dix.

Provisional Diagnosis: Calculus of kidney, Anxiety Disorder, Hyperlipidemia, Hypothyroidism, glaucoma. The patient was seen today status post peripheral iridectomy of the right eye.

Pending Consultation

No Data Found

Pending Results

No Data Found

Sickle Cell:

Sickle Cell Trait/Disease: No

Limitations/Restrictions/Diets:

Cell: on first floor, lower bunk --- 06/17/2024

Cleared for Food Service: Yes

No Prolonged Standing --- 06/17/2024

MDS Comments: He has CAD- he had placement of stents in coronary arteries on 06/12/2023.

Comments:

Allergies

Penicillin V

Ancef

Recent Vaccine History

VaccineGiven DateAdministered

COVID-19 Pfizer-BioNTech Vaccine

01/14/2022 15:44

Refused

COVID-19 Janssen Vaccine

05/24/2021 13:08

Refused

Devices / Equipment

Alternate Institutional Shoes

Brace - back

Travel:

Direct Travel: NoTravel Restrictions: None

UNIVERSAL PRECAUTIONS OBSERVED WHEN TRANSPORTING ANY INMATE:

Transfer From Institution: FORT DIX FCIPhone Number: 6097231100Address 1: 5756 HARTFORD & POINTVILEAddress 2: RD

City/State/Zip:

FORT DIX, New Jersey 08640Name/Title of Person Completing Form: Newbury, R. RNDate: 07/19/2023Inmate Name: DAWARA, IMADReg #: 69939-066DOB: 10/12/1979Sex: M

**Bureau of Prisons
Health Services
Vitals All**

Begin Date: 06/20/2023	End Date: 08/28/2023
Reg #: 69939-066	Inmate Name: DAWARA, IMAD

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
08/27/2023	15:21 FTD	98.4	36.9		Plevritis-Ortiz, Alexandra RN
Orig Entered: 08/27/2023 15:23 EST Plevritis-Ortiz, Alexandra RN					
08/26/2023	12:37 FTD	97.8	36.6		O'Brien, William RN
Orig Entered: 08/26/2023 12:38 EST O'Brien, William RN					
08/21/2023	13:08 FTD	98.4	36.9	Tympanic	Sood, Ravi (MAT) MD
Orig Entered: 08/21/2023 13:11 EST Sood, Ravi (MAT) MD					
08/16/2023	10:51 FTD	98.2	36.8		Plevritis-Ortiz, Alexandra RN
Orig Entered: 08/16/2023 10:52 EST Plevritis-Ortiz, Alexandra RN					
08/04/2023	09:29 FTD	98.1	36.7	Oral	Ibe, Chigozie PA-C
Orig Entered: 08/04/2023 09:36 EST Ibe, Chigozie PA-C					
08/03/2023	06:53 FTD	97.8	36.6		O'Brien, William RN
Orig Entered: 08/03/2023 06:55 EST O'Brien, William RN					
07/27/2023	19:56 FTD	98.0	36.7		Martz, Stephanie RN
Orig Entered: 07/27/2023 19:58 EST Martz, Stephanie RN					
07/26/2023	10:45 FTD	98.2	36.8	Tympanic	Sood, Ravi (MAT) MD
Orig Entered: 07/26/2023 10:47 EST Sood, Ravi (MAT) MD					
07/19/2023	11:40 FTD	98.0	36.7		Newbury, R. RN
Orig Entered: 07/19/2023 11:42 EST Newbury, R. RN					
07/13/2023	10:54 FTD	98.3	36.8	Tympanic	Sood, Ravi (MAT) MD
Orig Entered: 07/13/2023 11:01 EST Sood, Ravi (MAT) MD					
07/03/2023	13:02 FTD	98.1	36.7	Oral	Taege, Brian RN
Orig Entered: 07/03/2023 13:04 EST Taege, Brian RN					
06/29/2023	10:52 FTD	98.0	36.7	Oral	Scipio, Sharon NP
Orig Entered: 06/29/2023 11:01 EST Scipio, Sharon NP					
06/22/2023	16:09 FTD	98.1	36.7		Newbury, R. RN
Orig Entered: 06/22/2023 16:11 EST Newbury, R. RN					
06/20/2023	10:37 FTD	98.2	36.8	Tympanic	Sood, Ravi (MAT) MD
Orig Entered: 06/20/2023 10:41 EST Sood, Ravi (MAT) MD					
06/20/2023	10:11 FTD	98.6	37.0		Plevritis-Ortiz, Alexandra RN
Orig Entered: 06/20/2023 10:51 EST Plevritis-Ortiz, Alexandra RN					

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
08/27/2023	15:21 FTD	71			Plevritis-Ortiz, Alexandra RN
Orig Entered: 08/27/2023 15:23 EST Plevritis-Ortiz, Alexandra RN					
08/26/2023	12:37 FTD	71			O'Brien, William RN
Orig Entered: 08/26/2023 12:38 EST O'Brien, William RN					
08/21/2023	13:08 FTD	54	Radial	Regular	Sood, Ravi (MAT) MD
Orig Entered: 08/21/2023 13:11 EST Sood, Ravi (MAT) MD					
08/16/2023	11:04 FTD	94			Plevritis-Ortiz, Alexandra RN

Begin Date: 06/20/2023 End Date: 08/28/2023
 Reg #: 69939-066 Inmate Name: DAWARA, IMAD

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
Orig Entered: 08/16/2023 11:05 EST					
08/16/2023	10:54 FTD	98	Plevritis-Ortiz, Alexandra RN		Plevritis-Ortiz, Alexandra RN
Orig Entered: 08/16/2023 10:56 EST					
08/16/2023	10:51 FTD	91	Plevritis-Ortiz, Alexandra RN		Plevritis-Ortiz, Alexandra RN
Orig Entered: 08/16/2023 10:52 EST					
08/04/2023	09:29 FTD	68	Via Machine	Regular	Ibe, Chigozie PA-C
Orig Entered: 08/04/2023 09:36 EST					
08/03/2023	06:53 FTD	79	Ibe, Chigozie PA-C		O'Brien, William RN
Orig Entered: 08/03/2023 06:55 EST					
07/27/2023	19:56 FTD	101	O'Brien, William RN		Martz, Stephanie RN
Orig Entered: 07/27/2023 19:58 EST					
07/26/2023	10:45 FTD	82	Martz, Stephanie RN	Regular	Sood, Ravi (MAT) MD
Orig Entered: 07/26/2023 10:47 EST					
07/19/2023	11:40 FTD	82	Sood, Ravi (MAT) MD		Newbury, R. RN
Orig Entered: 07/19/2023 11:42 EST					
07/13/2023	10:54 FTD	75	Newbury, R. RN	Regular	Sood, Ravi (MAT) MD
Orig Entered: 07/13/2023 11:01 EST					
07/03/2023	14:40 FTD	53	Sood, Ravi (MAT) MD		Taege, Brian RN
Orig Entered: 07/03/2023 14:41 EST					
07/03/2023	14:32 FTD	54	Taege, Brian RN		Taege, Brian RN
Orig Entered: 07/03/2023 14:33 EST					
07/03/2023	13:25 FTD	75	Taege, Brian RN		Taege, Brian RN
Orig Entered: 07/03/2023 13:27 EST					
07/03/2023	13:22 FTD	73	Taege, Brian RN		Taege, Brian RN
Orig Entered: 07/03/2023 13:23 EST					
07/03/2023	13:07 FTD	73	Taege, Brian RN		Taege, Brian RN
Orig Entered: 07/03/2023 13:09 EST					
07/03/2023	13:02 FTD	57	Taege, Brian RN		Taege, Brian RN
Orig Entered: 07/03/2023 13:04 EST					
06/29/2023	10:52 FTD	70	Via Machine	Regular	Scipio, Sharon NP
Orig Entered: 06/29/2023 11:01 EST					
06/22/2023	16:09 FTD	76	Scipio, Sharon NP		Newbury, R. RN
Orig Entered: 06/22/2023 16:11 EST					
06/20/2023	10:37 FTD	78	Newbury, R. RN	Regular	Sood, Ravi (MAT) MD
Orig Entered: 06/20/2023 10:41 EST					
06/20/2023	10:11 FTD	63	Sood, Ravi (MAT) MD		Plevritis-Ortiz, Alexandra RN
Orig Entered: 06/20/2023 10:51 EST					

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
08/27/2023	15:21 FTD	16	Plevritis-Ortiz, Alexandra RN
Orig Entered: 08/27/2023 15:23 EST			
08/26/2023	12:37 FTD	18	O'Brien, William RN
Orig Entered: 08/26/2023 12:38 EST			

Begin Date: 06/20/2023	End Date: 08/28/2023
Reg #: 69939-066	Inmate Name: DAWARA, IMAD

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
08/21/2023	13:08 FTD	16	Sood, Ravi (MAT) MD
Orig Entered: 08/21/2023 13:11 EST Sood, Ravi (MAT) MD			
08/16/2023	10:54 FTD	32	Plevritis-Ortiz, Alexandra RN
Orig Entered: 08/16/2023 10:56 EST Plevritis-Ortiz, Alexandra RN			
08/16/2023	10:51 FTD	30	Plevritis-Ortiz, Alexandra RN
Orig Entered: 08/16/2023 10:52 EST Plevritis-Ortiz, Alexandra RN			
08/04/2023	09:29 FTD	18	Ibe, Chigozie PA-C
Orig Entered: 08/04/2023 09:36 EST Ibe, Chigozie PA-C			
08/03/2023	06:53 FTD	18	O'Brien, William RN
Orig Entered: 08/03/2023 06:55 EST O'Brien, William RN			
07/27/2023	19:56 FTD	18	Martz, Stephanie RN
Orig Entered: 07/27/2023 19:58 EST Martz, Stephanie RN			
07/26/2023	10:45 FTD	16	Sood, Ravi (MAT) MD
Orig Entered: 07/26/2023 10:47 EST Sood, Ravi (MAT) MD			
07/19/2023	11:40 FTD	18	Newbury, R. RN
Orig Entered: 07/19/2023 11:42 EST Newbury, R. RN			
07/13/2023	10:54 FTD	16	Sood, Ravi (MAT) MD
Orig Entered: 07/13/2023 11:01 EST Sood, Ravi (MAT) MD			
07/03/2023	14:40 FTD	18	Taege, Brian RN
Orig Entered: 07/03/2023 14:41 EST Taege, Brian RN			
07/03/2023	14:32 FTD	18	Taege, Brian RN
Orig Entered: 07/03/2023 14:33 EST Taege, Brian RN			
07/03/2023	13:25 FTD	20	Taege, Brian RN
Orig Entered: 07/03/2023 13:27 EST Taege, Brian RN			
07/03/2023	13:22 FTD	20	Taege, Brian RN
Orig Entered: 07/03/2023 13:23 EST Taege, Brian RN			
07/03/2023	13:07 FTD	20	Taege, Brian RN
Orig Entered: 07/03/2023 13:09 EST Taege, Brian RN			
07/03/2023	13:02 FTD	20	Taege, Brian RN
Orig Entered: 07/03/2023 13:04 EST Taege, Brian RN			
06/29/2023	10:52 FTD	18	Scipio, Sharon NP
Orig Entered: 06/29/2023 11:01 EST Scipio, Sharon NP			
06/22/2023	16:09 FTD	18	Newbury, R. RN
Orig Entered: 06/22/2023 16:11 EST Newbury, R. RN			
06/20/2023	10:37 FTD	16	Sood, Ravi (MAT) MD
Orig Entered: 06/20/2023 10:41 EST Sood, Ravi (MAT) MD			
06/20/2023	10:11 FTD	18	Plevritis-Ortiz, Alexandra RN
Orig Entered: 06/20/2023 10:51 EST Plevritis-Ortiz, Alexandra RN			

Begin Date: 06/20/2023	End Date: 08/28/2023
Reg #: 69939-066	Inmate Name: DAWARA, IMAD

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
08/27/2023	15:21 FTD	116/84				Plevritis-Ortiz, Alexandra RN
Orig Entered: 08/27/2023 15:23 EST Plevritis-Ortiz, Alexandra RN						
08/26/2023	12:37 FTD	126/87				O'Brien, William RN
Orig Entered: 08/26/2023 12:38 EST O'Brien, William RN						
08/21/2023	13:08 FTD	95/65	Left Arm	Sitting	Adult-large	Sood, Ravi (MAT) MD
Orig Entered: 08/21/2023 13:11 EST Sood, Ravi (MAT) MD						
08/16/2023	11:04 FTD	101/60				Plevritis-Ortiz, Alexandra RN
Orig Entered: 08/16/2023 11:05 EST Plevritis-Ortiz, Alexandra RN						
08/16/2023	10:54 FTD	102/64				Plevritis-Ortiz, Alexandra RN
Orig Entered: 08/16/2023 10:56 EST Plevritis-Ortiz, Alexandra RN						
08/16/2023	10:51 FTD	110/72				Plevritis-Ortiz, Alexandra RN
Orig Entered: 08/16/2023 10:52 EST Plevritis-Ortiz, Alexandra RN						
08/04/2023	09:29 FTD	103/78	Left Arm	Sitting	Adult-large	Ibe, Chigozie PA-C
Orig Entered: 08/04/2023 09:36 EST Ibe, Chigozie PA-C						
08/03/2023	06:53 FTD	123/84				O'Brien, William RN
Orig Entered: 08/03/2023 06:55 EST O'Brien, William RN						
07/26/2023	10:45 FTD	114/75	Left Arm	Sitting	Adult-large	Sood, Ravi (MAT) MD
Orig Entered: 07/26/2023 10:47 EST Sood, Ravi (MAT) MD						
07/19/2023	11:40 FTD	106/74				Newbury, R. RN
Orig Entered: 07/19/2023 11:42 EST Newbury, R. RN						
07/13/2023	10:54 FTD	105/73	Right Arm	Sitting	Adult-large	Sood, Ravi (MAT) MD
Orig Entered: 07/13/2023 11:01 EST Sood, Ravi (MAT) MD						
07/03/2023	14:40 FTD	101/68				Taege, Brian RN
Orig Entered: 07/03/2023 14:41 EST Taege, Brian RN						
07/03/2023	14:32 FTD	96/67				Taege, Brian RN
Orig Entered: 07/03/2023 14:33 EST Taege, Brian RN						
07/03/2023	13:25 FTD	110/70	Left Arm			Taege, Brian RN
Orig Entered: 07/03/2023 13:27 EST Taege, Brian RN						
07/03/2023	13:22 FTD	110/70				Taege, Brian RN
Orig Entered: 07/03/2023 13:23 EST Taege, Brian RN						
07/03/2023	13:07 FTD	107/68				Taege, Brian RN
Orig Entered: 07/03/2023 13:09 EST Taege, Brian RN						
07/03/2023	13:02 FTD	113/73	Left Arm	Lying	Adult-regular	Taege, Brian RN
Orig Entered: 07/03/2023 13:04 EST Taege, Brian RN						
06/29/2023	10:52 FTD	122/84	Left Arm	Sitting	Adult-large	Scipio, Sharon NP
Orig Entered: 06/29/2023 11:01 EST Scipio, Sharon NP						
06/22/2023	16:09 FTD	120/86				Newbury, R. RN
Orig Entered: 06/22/2023 16:11 EST Newbury, R. RN						
06/20/2023	10:37 FTD	104/69	Left Arm	Sitting	Adult-large	Sood, Ravi (MAT) MD
Orig Entered: 06/20/2023 10:41 EST Sood, Ravi (MAT) MD						
06/20/2023	10:11 FTD	105/71				Plevritis-Ortiz, Alexandra RN
Orig Entered: 06/20/2023 10:51 EST Plevritis-Ortiz, Alexandra RN						

Begin Date: 06/20/2023	End Date: 08/28/2023
Reg #: 69939-066	Inmate Name: DAWARA, IMAD

Blood Glucose:

<u>Date</u>	<u>Time</u>	<u>Value (mg/dl)</u>	<u>Type</u>	<u>Regular Insulin</u>	<u>Provider</u>
08/26/2023	12:45 FTD	125	Random		O'Brien, William RN
Orig Entered: 08/26/2023 12:47 EST O'Brien, William RN					

Wright Peak Flow:

<u>Date</u>	<u>Time</u>	<u>Attempt 1</u>	<u>Attempt 2</u>	<u>Attempt 3</u>	<u>Effort</u>	<u>Bronchodilator</u>	<u>Provider</u>
07/03/2023	14:11 FTD	650	700	600	Good	Without	Taege, Brian RN
Orig Entered: 07/03/2023 14:13 EST Taege, Brian RN							

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
08/27/2023	15:21 FTD	98		Plevritis-Ortiz, Alexandra RN
Orig Entered: 08/27/2023 15:23 EST Plevritis-Ortiz, Alexandra RN				
08/26/2023	12:37 FTD	99		O'Brien, William RN
Orig Entered: 08/26/2023 12:38 EST O'Brien, William RN				
08/21/2023	13:08 FTD	98	Room Air	Sood, Ravi (MAT) MD
Orig Entered: 08/21/2023 13:11 EST Sood, Ravi (MAT) MD				
08/16/2023	10:54 FTD	100	Room Air	Plevritis-Ortiz, Alexandra RN
Orig Entered: 08/16/2023 10:56 EST Plevritis-Ortiz, Alexandra RN				
08/16/2023	10:51 FTD	100	Room Air	Plevritis-Ortiz, Alexandra RN
Orig Entered: 08/16/2023 10:52 EST Plevritis-Ortiz, Alexandra RN				
08/04/2023	09:29 FTD	100	Room Air	Ibe, Chigozie PA-C
Orig Entered: 08/04/2023 09:36 EST Ibe, Chigozie PA-C				
08/03/2023	06:53 FTD	98		O'Brien, William RN
Orig Entered: 08/03/2023 06:55 EST O'Brien, William RN				
07/27/2023	19:56 FTD	99	Room Air	Martz, Stephanie RN
Orig Entered: 07/27/2023 19:58 EST Martz, Stephanie RN				
07/26/2023	10:45 FTD	100	Room Air	Sood, Ravi (MAT) MD
Orig Entered: 07/26/2023 10:47 EST Sood, Ravi (MAT) MD				
07/19/2023	11:40 FTD	99	Room Air	Newbury, R. RN
Orig Entered: 07/19/2023 11:42 EST Newbury, R. RN				
07/13/2023	10:54 FTD	99	Room Air	Sood, Ravi (MAT) MD
Orig Entered: 07/13/2023 11:01 EST Sood, Ravi (MAT) MD				
07/03/2023	14:40 FTD	97		Taege, Brian RN
Orig Entered: 07/03/2023 14:41 EST Taege, Brian RN				
07/03/2023	14:32 FTD	98		Taege, Brian RN
Orig Entered: 07/03/2023 14:33 EST Taege, Brian RN				
07/03/2023	13:25 FTD	99	Room Air	Taege, Brian RN
Orig Entered: 07/03/2023 13:27 EST Taege, Brian RN				
07/03/2023	13:22 FTD	100		Taege, Brian RN
Orig Entered: 07/03/2023 13:23 EST Taege, Brian RN				
07/03/2023	13:07 FTD	99		Taege, Brian RN
Orig Entered: 07/03/2023 13:09 EST Taege, Brian RN				
07/03/2023	13:02 FTD	100	Room Air	Taege, Brian RN

Begin Date: 06/20/2023	End Date: 08/28/2023
Reg #: 69939-066	Inmate Name: DAWARA, IMAD

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
Orig Entered: 07/03/2023 13:04 EST Taege, Brian RN				
06/29/2023	10:52 FTD	99	Room Air	Scipio, Sharon NP
Orig Entered: 06/29/2023 11:01 EST Scipio, Sharon NP				
06/22/2023	16:09 FTD	100	Room Air	Newbury, R. RN
Orig Entered: 06/22/2023 16:11 EST Newbury, R. RN				
06/20/2023	10:37 FTD	100	Room Air	Sood, Ravi (MAT) MD
Orig Entered: 06/20/2023 10:41 EST Sood, Ravi (MAT) MD				
06/20/2023	10:11 FTD	100		Plevritis-Ortiz, Alexandra RN
Orig Entered: 06/20/2023 10:51 EST Plevritis-Ortiz, Alexandra RN				

Height:

<u>Date</u>	<u>Time</u>	<u>Inches</u>	<u>Cm</u>	<u>Provider</u>
08/04/2023	09:29 FTD	71.0	180.3	Ibe, Chigozie PA-C
Orig Entered: 08/04/2023 09:36 EST Ibe, Chigozie PA-C				
06/29/2023	10:52 FTD	71.0	180.3	Scipio, Sharon NP
Orig Entered: 06/29/2023 11:01 EST Scipio, Sharon NP				

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
08/21/2023	13:08 FTD	205.0	93.0		Sood, Ravi (MAT) MD
Orig Entered: 08/21/2023 13:11 EST Sood, Ravi (MAT) MD					
08/04/2023	09:29 FTD	200.0	90.7		Ibe, Chigozie PA-C
Orig Entered: 08/04/2023 09:36 EST Ibe, Chigozie PA-C					
07/26/2023	10:45 FTD	208.0	94.3		Sood, Ravi (MAT) MD
Orig Entered: 07/26/2023 10:47 EST Sood, Ravi (MAT) MD					
07/13/2023	10:54 FTD	208.0	94.3		Sood, Ravi (MAT) MD
Orig Entered: 07/13/2023 11:01 EST Sood, Ravi (MAT) MD					
06/29/2023	10:52 FTD	201.0	91.2		Scipio, Sharon NP
Orig Entered: 06/29/2023 11:01 EST Scipio, Sharon NP					
06/20/2023	10:37 FTD	211.0	95.7		Sood, Ravi (MAT) MD
Orig Entered: 06/20/2023 10:41 EST Sood, Ravi (MAT) MD					

**Bureau of Prisons
Health Services
Health Problems**

Reg #: 69939-066

Inmate Name: DAWARÁ, IMAD

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
Current						
Hypothyroidism						
12/22/2021 12:52 EST Sood, Ravi MD		ICD-10	E039	12/22/2021	Current	
Subclinical Hypothyroidism						
Vitamin D deficiency						
12/22/2021 12:52 EST Sood, Ravi MD		ICD-10	E559	12/22/2021	Current	
Hyperlipidemia, unspecified						
12/22/2021 12:52 EST Sood, Ravi MD		ICD-10	E785	12/22/2021	Current	
Alcohol Use Disorder: Moderate						
10/05/2022 13:29 EST Curry, D. PsyD/ DAP Coordinator	I	DSM-IV	F10.	10/05/2022	Current	
Opioid Use Disorder: Severe						
10/05/2022 13:29 EST Curry, D. PsyD/ DAP Coordinator	I	DSM-IV	F11.	10/05/2022	Current	
Unspecified Anxiety Disorder						
06/15/2020 10:12 EST Conlon, Kristin Ph.D.	I	DSM-IV	F41.9	06/15/2020	Current	
Mental disorder, not otherwise specified						
07/28/2022 09:59 EST Sood, Ravi (MAT) MD		ICD-10	F99	07/28/2022	Current	
Chronic depression						
Unspecified disorder of conjunctiva						
03/17/2022 13:07 EST Feigenbutz, E. OD		ICD-10	H119	03/17/2022	Current	
pinguecula						
Unspecified glaucoma						
03/17/2022 13:07 EST Feigenbutz, E. OD		ICD-10	H409	03/17/2022	Current	
narrow angles						
Otitis media						
10/31/2022 10:16 EST Ibe, Chigozie PA-C		ICD-10	H6690	10/31/2022	Current	
Other peripheral vertigo						
10/31/2022 10:16 EST Ibe, Chigozie PA-C		ICD-10	H81399	10/31/2022	Current	
Angina pectoris, unspecified						

Reg #: 69939-066

Inmate Name: DAWARA, IMAD

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
08/18/2023 08:57 EST Sood, Ravi (MAT) MD		ICD-10	I209	08/18/2023	Current	
Non-ST elevation (NSTEMI) myocardial infarction						
06/13/2023 15:00 EST Ibe, Chigozie PA-C		ICD-10	I214	06/13/2023	Current	
Chronic ischemic heart disease						
06/20/2023 11:09 EST Sood, Ravi (MAT) MD		ICD-10	I259	06/20/2023	Current	
Partial loss of teeth						
09/23/2022 13:59 EST Song, H. DDS/CDO		ICD-10	K08409	09/23/2022	Current	
Constipation, unspecified						
11/09/2020 11:07 EST Kistler, R. NP		ICD-10	K5900	11/09/2020	Current	
Low back pain, UNS						
05/04/2023 12:04 EST Metreveli, Ekaterine NP		ICD-10	M5450	03/30/2023	Current	
Radiculopathy on R side						
03/30/2023 11:48 EST Metreveli, Ekaterine NP		ICD-10	M5450	03/30/2023	Current	
Calculus of kidney						
04/18/2022 15:22 EST Sood, Ravi (MAT) MD		ICD-10	N200	11/01/2019	Current	
S/P lithotripsy left renal calculi on 04/18/2022; Bilateral renal Calculi as per CT scan from 5/28/2021						
05/30/2021 17:37 EST Mathew, Liju FNP-BC		ICD-10	N200	11/01/2019	Current	
Bilateral renal Calculi as per CT scan from 5/28/2021						
11/01/2019 09:21 EST Dalmasi, Odeida MD/CD		ICD-10	N200	11/01/2019	Current	
Tachycardia, unspecified						
06/13/2023 15:00 EST Ibe, Chigozie PA-C		ICD-10	R000	06/13/2023	Current	
Shortness of breath						
07/20/2023 14:01 EST Ahmedi, F. (MAT) DO		ICD-10	R0602	07/20/2023	Current	
Unspecified abdominal pain						
04/21/2021 07:35 EST Mathew, Liju FNP-BC		ICD-10	R109	04/21/2021	Current	
Dizziness and giddiness						
11/29/2022 12:17 EST Sood, Ravi (MAT) MD		ICD-10	R42	11/29/2022	Current	
Encounter for general adult medical exam without abnormal findings						
02/17/2021 15:34 EST Kistler, R. NP		ICD-10	Z0000	02/17/2021	Current	
HCV Negative						

Reg #: 69939-066

Inmate Name: DAWARA, IMAD

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
08/09/2021 13:28 EST Sood, Ravi MD		ICD-10	Z1159-	08/09/2021	Current	
Body mass index (BMI) 27.0-27.9, adult						
08/09/2021 13:20 EST Sood, Ravi MD		ICD-10	Z6827	08/09/2021	Current	
Body mass index (BMI) 28.0-28.9, adult						
01/31/2023 14:18 EST Sood, Ravi (MAT) MD		ICD-10	Z6828	01/31/2023	Current	
Body mass index (BMI) 29.0-29.9, adult						
12/22/2021 12:52 EST Sood, Ravi MD		ICD-10	Z6829	12/22/2021	Current	
Negative Test: HIV, Human immunodeficiency virus						
08/09/2021 13:28 EST Sood, Ravi MD		ICD-10	Z717	08/09/2021	Current	

Remission

Shortness of breath						
08/04/2023 09:38 EST Ibe, Chigozie PA-C		ICD-10	R0602	06/20/2023	Remission	08/04/2023
06/20/2023 11:09 EST Sood, Ravi (MAT) MD		ICD-10	R0602	06/20/2023	Current	
Chest pain, unspecified						
08/04/2023 09:38 EST Ibe, Chigozie PA-C		ICD-10	R079	06/20/2023	Remission	08/04/2023
06/20/2023 11:09 EST Sood, Ravi (MAT) MD		ICD-10	R079	06/20/2023	Current	
Chest pain, unspecified						
01/31/2023 14:18 EST Sood, Ravi (MAT) MD		ICD-10	R079	11/29/2022	Remission	01/31/2023
11/29/2022 12:17 EST Sood, Ravi (MAT) MD		ICD-10	R079	11/29/2022	Current	
Personal history of COVID-19						
07/28/2022 09:59 EST Sood, Ravi (MAT) MD		ICD-10	Z8616	08/09/2021	Remission	07/28/2022
He declines to receive COVID-19 vaccine						
08/09/2021 13:20 EST Sood, Ravi MD		ICD-10	Z8616	08/09/2021	Current	
He declines to receive COVID-19 vaccine						

Resolved

Open wound of finger without damage to nail						
08/09/2021 13:28 EST Sood, Ravi MD		ICD-10	S61209	07/23/2021	Resolved	08/09/2021
half cm laceration on top of the right index finger						
07/23/2021 10:37 EST Assemu, Belen FNP-C		ICD-10	S61209	07/23/2021	Current	
half cm laceration on top of the right index finger						
Confirmed case COVID-19						

Reg #: 69939-066

Inmate Name: DAWARA, IMAD

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
11/20/2020 14:12 EST Laughingwell, Raeph MD	ICD-10		U07.1	11/06/2020	Resolved	11/20/2020
11/13/2020 10:59 EST Laughingwell, Raeph MD	ICD-10		U07.1	11/06/2020	Current	
11/11/2020 15:35 EST Nelson, Christine NP	ICD-10		U07.1	11/11/2020	Current	
Suspect/probable COVID-19 case						
11/12/2020 13:48 EST Laughingwell, Raeph MD	ICD-10		U07.2	11/09/2020	Resolved	11/12/2020
11/09/2020 11:06 EST Kistler, R. NP	ICD-10		U07.2	11/09/2020	Current	
Encounter for general adult medical exam without abnormal findings						
06/10/2022 13:23 EST Ibe, Chigozie PA-C	ICD-10		Z0000	06/10/2022	Resolved	06/10/2022

Current~~Other hyperlipidemia~~

~~07/13/2023 12:33 EST Sood, Ravi (MAT) MD~~
~~--duplicate~~

06/13/2023 15:04 EST Ibe, Chigozie PA-C

ICD-10 E784 06/13/2023 Current

ICD-10 E784 06/13/2023 Current

~~Chest pain, unspecified~~

~~11/29/2022 12:27 EST Sood, Ravi (MAT) MD~~
~~--duplicate~~

03/02/2020 08:13 EST Mathew, Liju FNP-BC

ICD-10 R079 03/02/2020 Current

ICD-10 R079 03/02/2020 Current

~~Dizziness and giddiness~~

~~11/29/2022 12:18 EST Sood, Ravi (MAT) MD~~
~~--duplicate~~

10/31/2022 10:16 EST Ibe, Chigozie PA-C

ICD-10 R42 10/31/2022 Current

ICD-10 R42 10/31/2022 Current

Total: 39

Name: DAWARA, IMAD
Age: 43 yr

Gender: Unknown

07/03/2023 01:04:00PM

P/PR: 112/136 ms

QRS: 104 ms

QT/QTc: 410/420 ms

P/QRS/T axis: 48/-1/22 deg

Heart rate: 63 bpm

warning: sex not available, assumed male

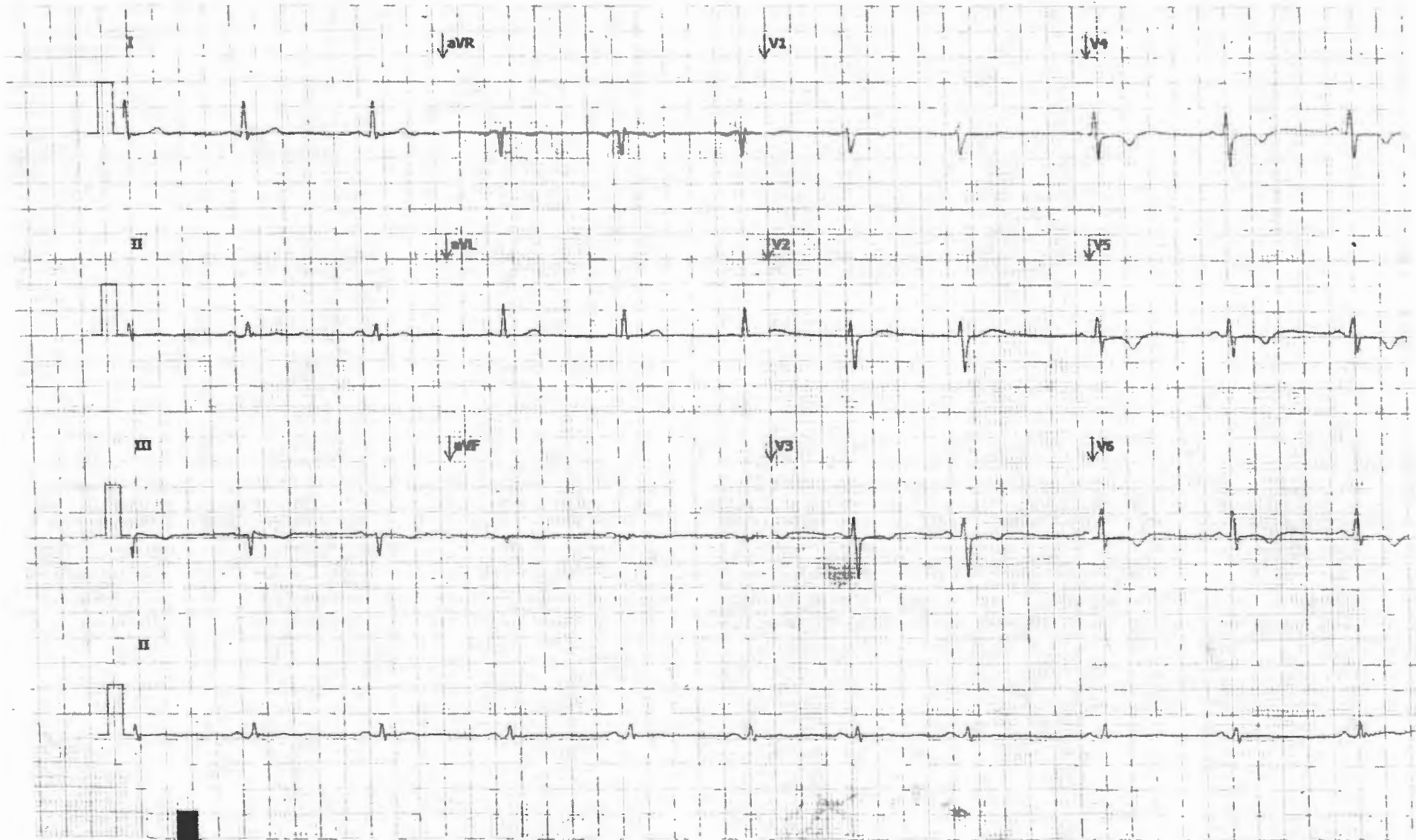
sinus arrhythmia

moderate mid- and left-precordial repolarization disturbance, consider
ischemia or LV overload

Abnormal ECG

Unconfirmed Report

FTD # 69939 Old



25 mm/s

10 mm/mV Frequency Response [0.5-35] Hz 60 Hz

Hillcom™

Version 2.10.09

105 153

2

Name: DAWARA, IMAD
Age: 43 yr

P/PR: 112/140 ms
QRS: 92 ms
QT/QTc: 470/441 ms
P/QRS/T axis: 43/-6/9 deg
Heart rate: 53 bpm

moderate mid- and left-precordial repolarization disturbance, consider
ischemia, LV overload and/or digitalis
slight inferior repolarization disturbance, consider ischemia, LV overload
and/or digitalis
Abnormal ECG
Unconfirmed Report



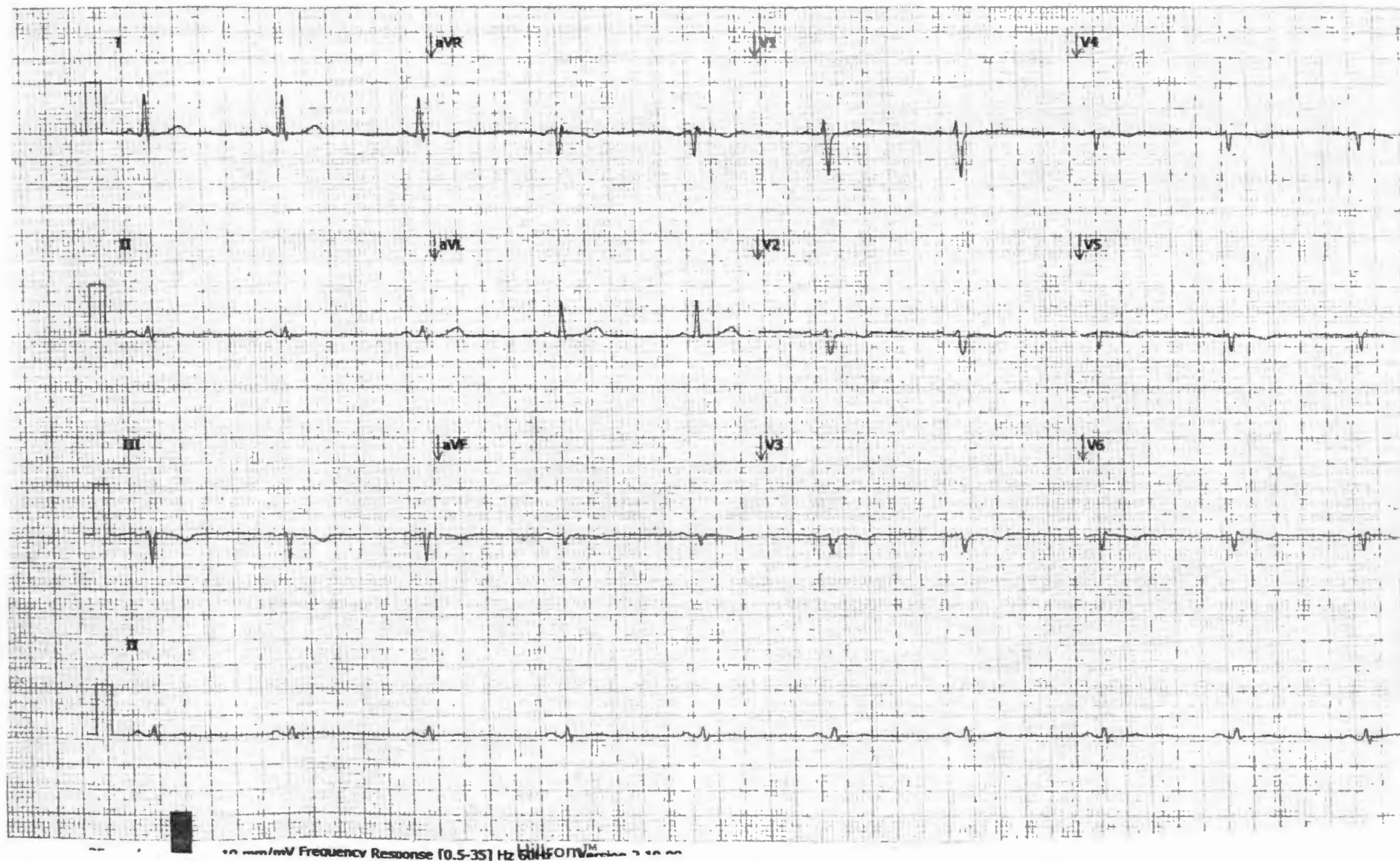
ID: 69939066
Name: DAWARA, IMAD
Age: 43 yr

Gender: Male

06/29/2023 11:32:18AM

P/PR: 114/140 ms
QRS: 98 ms
QT/QTc: 478/469 ms
P/QRS/T axis: 35/-10/7 deg
Heart rate: 58 bpm

sinus rhythm (slow)
extensive anterior infarct
slight but extensive precordial repolarization disturbance secondary to infarct
slight inferior repolarization disturbance secondary to infarct
Abnormal ECG
Unconfirmed Report



Deborah Heart and Lung Center
200 Trenton Road
Browns Mills, N.J. 08015-1799
(609)893-6611

Dept. 805

DRMN:

Discharge Summary

Patient's Name: DAWARA,IMAD
M.R.#: M000347675
CPT Code:

Date of Birth: 10/12/1979
Admit/Service Date: 08/16/23

DS: Providers

Provider

Date/time of admission:
08/16/23 18:06

Attending provider:
Kerry Lanigan, MD

Referring provider:
Michael Ruzek, DO

Specialty attending: Chen,Chunguang, MD
Discharge Date: 08/17/23
Discharge Diagnosis:
Noncardiac chest pain

Discharge Plan

Discharge Plan

Hospital Course:

The patient was hospitalized on telemetry while he underwent further evaluation of his chest pain. Serial cardiac enzymes were normal and vital signs essentially normal, apart from very mild bradycardia. Imdur was discontinued, as the patient had been unable to tolerate this medication due to headaches.

The patient was evaluated by cardiology and decision was made to perform nuclear stress test. This showed a small area of infarction of the inferior wall from apex to base, extending to the apicolateral segment. However, no ischemia was observed. ECG response to exercise was nonischemic and there was no chest pain with exercise. As such, the patient was felt stable for discharge. He will follow up with cardiology as an outpatient.

Greater than 30 minutes were spent on date of discharge in direct bedside assessment of patient, reviewing diagnostics, counseling, and coordinating care.

Name: DAWARA,IMAD
M.R.#: M000347675

Dept. 805

Disposition (Required to Place Discharge Order): Xfer Court/Law Enforcement

Prescriptions:

New

ranolazine 500 mg Tablet Extended Release 12 Hr
500 mg PO BID Qty: 60 ORF

Continued

pantoprazole 40 mg Tablet, Delayed Release (Dr/Ec)
40 mg PO DAILY@0600 Qty: 30 ORF

aspirin 81 mg tablet, delayed release (DR/EC)
81 mg PO DAILY Qty: 90 ORF

atorvastatin 80 mg tablet
80 mg PO NIGHTLY Qty: 90 ORF

clopidogrel [Plavix] 75 mg tablet
75 mg PO DAILY Qty: 90 ORF

metoprolol tartrate 50 mg tablet
50 mg PO BID Qty: 180 ORF

nitroglycerin 0.4 mg tablet, sublingual
0.4 mg sublingual Q5M PRN (Reason: chest pain) Qty: 60 ORF

Rx Instructions:

do not exceed 3 doses per episode

Discontinued

isosorbide mononitrate 30 mg tablet extended release 24 hr
30 mg PO DAILY Qty: 30 ORF

Activity Restrictions/Additional Instructions:

Discharge diagnosis: noncardiac chest pain.

You are encouraged to perform cardiovascular exercise to help improve your exercise tolerance and heart function. This includes walking on a treadmill, biking, swimming, etc. If you develop severe shortness of breath, chest pain, or feel you are going to lose consciousness, you should terminate exercise immediately and seek emergency care.

I recommend a diet low in sodium. Try to increase your intake of vegetables and lean proteins.

Assessment (does not print on discharge packet):

See Discharge Diagnosis List.

Care Plan Goals:

The ability to resume daily activities as detailed in the discharge plan and discharge instructions.

Plan of Treatment (does not print on discharge packet):

See patient instructions and follow up plan for the specific plan of treatment.

Condition: Stable

Referrals:

No, PCP [Primary Care Provider] -

Activity/Diet

Name: DAWARA,IMAD
M.R.#: M000347675

Dept. 805

Activity: Activity as tolerated

Diet: Low fat and Low sodium

Exam

Physical

Height, Weight, BMI, Vital Signs:

Height	173 cm
Weight on Admission	94 kg
Current Weight	92.8 kg
TEMP(s)	36.7 C
Heart Rate	56
BP(s)	100/72
MAP(s)	81
Respiratory Rate	18
O2 Sat by Pulse Oximetry	97

Const

Constitutional: Present alert & oriented x 3, pleasant and comfortable; Absent acute distress

HEENT

Head: Present normocephalic and atraumatic

Eye: Present EOMI; Absent sclera icterus

ENT: Present mucous membranes moist and oropharynx clear

Neck

Neck: Present supple; Absent JVD

Cardiovasc

Cardiovascular: Present RRR, S1 and S2; Absent gallop or rubs

Respiratory

Respiratory: Present clear to auscultation bilaterally; Absent accessory muscle use, rales or rhonchi

Abdominal

Abdominal: Present soft and normoactive bowel sounds; Absent tenderness, distended or mass

Extremities

Extremities: Absent cyanosis, clubbing or edema

Skin

Skin: Present intact and normal turgor; Absent cyanosis

Neuro

Neurological: Present alert, oriented X3, normal speech and non-focal

Psychiatric

Psychiatric: Present normal affect and normal thought process

DS: Data

Results

08/17/23 05:22

7.6 14.6 209
41.3L

08/17/23 05:22

Name: DAWARA,IMAD
M.R.#: M000347675

Dept. 805

140	108	20	}
4.0	25	1.0	

Quality Reporting

Quality: PCI Patients

Did patient have a PCI this admission?: No

Quality: CABG Patients

Did patient have CABG this admission?: No

Quality: CHF/MI/ICD Patients

LV function (LVEF): >55%

Dictated By: Kerry Lanigan, MD
e-Signed By: Kerry Lanigan, MD

08/17/23 1452

Dictated Date: 08/17/23

Deborah Heart and Lung Center
200 Trenton Road
Browns Mills, N.J. 08015-1799
(609)893-6611

Dept. 705

DRMN:

Patient's Name: DAWARA, IMAD
M.R.#: M000347675

Date of Birth: 10/12/1979
Date: 08/16/23

Ordering Physician: Steven Douedi, MD
Date of Service: 08/17/23
Procedure(s): NM nuclear stress test
Accession Number(s): G0000985562
CPT Code: 78452
Patient Status: ADM OBS

PROCEDURE:
NM nuclear stress test

One Day Exercise Protocol. Patient received approximately 12.1 mSv.

REASON FOR EXAM:
chest pain evaluation of extent and severity of coronary artery disease

HISTORY:
43 y/o M with known coronary artery disease.
Cardiac risk factors include: Hyperlipidemia
Height 68 in weight 207 lb
Tobacco Use: Current
Previous Cardiac Revascularizations: PCI to LAD and left circumflex 06/2023
Cardiac Medications: Aspirin, Lipitor, Plavix, metoprolol, sublingual nitro, Imdur

TECHNIQUE:
Yes to CZT Spectrum camera All imaging for this procedure was obtained using a CZT Spectrum camera with appropriate software for gated images. The images were processed in the short, horizontal long and vertical long axis using TruCorr attenuation correction software.

Rest gated-myocardial perfusion imaging was performed 15-45 minutes following the intravenous injection of 6.5 mCi of Tc-99m Sestamibi. Gating post-stress tomographic imaging was performed 15-45 minutes following the intravenous injection of 19.32 mCi of Tc-99m Sestamibi.

Patient was supine imaged: Yes.

STRESS TEST DATA:
DASI Score: 36.7 age and Gender Predicted METS: 9.5



Name: DAWARA,IMAD
M.R.#: M000347675

Dept. 705

Protocol: Bruce, Modified Bruce

Stage:

1 2 3

Treadmill Speed:

1.7 2.5 3.4

Treadmill Grade:

10 12 14

Duration (min):

3:00 3:00 1:17

The maximum stage achieved was 3 of the Bruce protocol.

Highest sustained exercise 3.4 mph @ 14% grade, METS 10.16, Function Class 1, MPHR 88 %.

Total Exercise time was 7 minutes 17 seconds.

Heart Rate response was appropriate

Blood pressure response was appropriate

Exercise tolerance was good

Sub-optimal Study: No

Rest ECG: Sinus rhythm, nonspecific ST changes

Resting HR: 81 bpm Peak HR: 156 bpm

Resting BP: 116/80 mmHg Peak BP: 148/60 mmHg

End point: Symptoms

Symptoms: Neck pain and shortness of breath. Symptoms resolved without intervention.

ECG Changes: None

Arrhythmias: None

ECG changes: Nonischemic.

FINDINGS:

Study Quality: Good

Raw Images: There is no evidence of abnormal extra cardiac radiotracer uptake

Exercise stress myocardial perfusion imaging demonstrated normal cavity size at stress, normal with rest. TID was calculated as 0.89, normal. There is a medium-sized area of moderate to severe photon reduction in the inferior wall from apex to base extending to the apicolateral segment present on upright rest and stress imaging. On the attenuation corrected images, the inferior wall perfusion normal abnormality was no longer present suggesting attenuation artifact. However the apicolateral defect persisted, consistent with a true perfusion defect. The gated SPECT imaging demonstrated hypokinesis of the apicolateral segment. The left ventricular ejection fraction is 69%.

IMPRESSION:

1. Abnormal myocardial perfusion study with exercise. MPHR 88 %. There is a small area of infarction in the apicolateral segment as outlined above, without peri-infarct ischemia.
2. Left ventricular cavity size was normal. Left ventricular systolic function is preserved. Left ventricular wall motion demonstrates hypokinesis in the apicolateral segment as described above. The left ventricular ejection fraction assessed as 69%.
3. ECG response to exercise is nonischemic.
4. Chest pain was not present with exercise.

Prior Study for comparison: None



Name: DAWARA,IMAD
M.R.#: M000347675

Dept. 705

CARDIOLOGY FELLOW: Logan Bernhardt, D.O.

The stress portion of the study was supervised by Patricia Scordia, NP.

The Patient left the department in stable condition offering no complaints.

My signature attests to my involvement in the review and interpretation of the procedure.

Dictated By: Mark Moshiyakhov,MD

e-Signed By: Mark Moshiyakhov,MD

08/17/23 1254

Dictated Date: 08/17/23



2-Aug-2023 12:43 Hamilton Cardiology Associates

6095815738

p.2

[8/2/2023][Page 1]

History and Physical

Patient Name:	Imad Dawara	Visit Date:	July 26, 2023
Patient ID:	405375	Provider:	John L. Caplan, MD
Sex:	Male	Location:	Teahealth
Birthdate:	October 12, 1979	Location Address:	2073 Klockner Road Hamilton, NJ 08690-3414
		Location Phone:	(609) 584-1212

Chief Complaint

- 1 Follow-up of cardiac condition listed in the PMH section of the chart
- 1 Chest Pain
- 1 Shortness of breath
- 1 Palpitations
- 1 Dizziness

History Of Present Illness

TELEMEDICINE VISIT

Imad Dawara is a 43 year old male who is who presents for a telemedicine visit.

The patient presents today for follow up for recent new symptom and review of recent cardiac testing.

HPI:

The patient Has a history of unstable angina/non-ST elevation myocardial infarction with symptoms of chest pain/chest pressure radiating to the arm as well as to the jaw. There was associated shortness of breath and fatigue. Patient was transferred to Deborah heart and lung and underwent emergent cardiac catheterization demonstrating severe disease involving the circumflex as well as the left anterior descending artery. He underwent drug-eluting stents to both vessels. He was loaded with Plavix and has been maintained on clopidogrel 75 mg daily. While hospitalized, he was observed to have nonsustained ventricular arrhythmias/PVCs. Chest x-ray was unremarkable. EKG demonstrated normal sinus rhythm with ST-T wave abnormalities. A subsequent echocardiogram and Doppler study demonstrated diastolic dysfunction. Ejection fraction was approximately 55%. Valvular structures appeared normal. Unfortunately, the patient continues to do poorly. He has been complaining of shortness of breath on minimal exertion. There has been orthopnea and PND. In addition, he continues to have chest pressure/tightness with radiation to the neck, jaw and arms with increasing fatigue, tiredness and dizziness. The patient mentions that a week after the stents, he had similar symptomatology which precipitated a return visit to the emergency room. He was observed and felt a little bit better and was subsequently discharged. He did mention, that there was a question of performing another catheterization, however this was deferred. He has been having more palpitations and fluttering sensations in addition to the associated chest pains and shortness of breath. I did mention the idea of performing a 24 hour Holter monitoring to evaluate for ventricular arrhythmias as well as titrating his Toprol. However, given the nature of his current symptomatology and feeling poorly since the catheterization, I feel he needs immediate attention by being transferred to Deborah heart and lung for further care. I recommend revisualization of the coronary anatomy and longer cardiac monitoring. I discussed my concerns to the prison staff. I feel, there is nothing I can do immediately to assist his current symptomatology. Of note, I did recommend stopping the medicine because I feel that his current symptoms could be rhythm related.

STATUS OF CHRONIC CONDITIONS

The patient's chronic conditions include: Alcohol dependence, Anxiety, ASHD, Glaucoma, Hyperlipidemia, Mixed, Hypothyroidism, Old myocardial infarction, Peripheral vertigo, Renal calculi, S/P PTCA, Substance abuse, and Vitamin D deficiency. The conditions listed have been stable except as mentioned in the HPI. No further comments were elicited upon interviewing the patient.

RECENT TESTING:

The following cardiac testing was reviewed with the patient during the office visit. Echocardiogram and Was reviewed with the patient. Preserved left ventricular systolic function.

[Digital Signature Validated]

2-Aug-2023 12:44 Hamilton Cardiology Associates

6095815738

p.3

[8/2/2023][Page 2]

The following testing/procedures were reviewed with the patient during the office visit: Cardiac catheterization and I was reviewed with the patient. Circumflex and LAD stents placed in the mid segments.

Past Medical History

Disease Name	Date Onset	Notes
Alcohol dependence	-	-
Anxiety	-	-
ASHD	6/11/23	-
Glaucoma	-	-
Hyperlipidemia, Mixed	-	-
Hypothyroidism	-	-
Nephrolithiasis	-	-
Non-sustained Ventricular Tachycardia	6/11/23	multiple requiring lithotripsy
Old myocardial infarction	6/11/23	19 beat run per tele, DHL
Peripheral vertigo	-	NSTEMI, DHL
Renal calculi	-	-
S/P PTCA	6/11/23	OM1 2.5 x 20mm Synergy DES & mLAD 3.5 x 20mm DES, DHL [DAPT x at least 1 yr]
Substance abuse	-	-
Vitamin D deficiency	-	-

Past Surgical History

Procedure Name	Date	Notes
Lithotripsy	-	-
Percutaneous transluminal coronary angioplasty	6/11/23	OM1 2.5 x 20mm Synergy DES & mLAD 3.5 x 20mm DES, DHL [DAPT x at least 1 yr]
s/p cardiac catheterization	6/11/23	mLAD 80% (consistent w/ plaque rupture, TIMI II), LCx prox to OM1 bifurcation 80% (consistent w/ plaque rupture), RCA 10% diffuse, DHL

Medication List

Name	Date Started	Instructions
aspirin 81 mg tablet, delayed release	-	take 1 tablet (81 mg) by oral route once daily
atorvastatin 80 mg tablet	-	take 1 tablet (80 mg) by oral route once daily
clopidogrel 75 mg tablet	-	take 1 tablet (75 mg) by oral route once daily
duloxetine 30 mg capsule, delayed release	-	take 5 capsules (90 mg) by oral route once daily
metoprolol tartrate 100 mg tablet	-	take 1 tablet (100 mg) by oral route 2 times per day
milnacipine 45 mg tablet	-	take 1 tablet (45 mg) by oral route once daily before bedtime
tamsulosin 0.4 mg capsule	-	take 1 capsule (0.4 mg) by oral route once daily 1-2 hour following the same meal each day

Allergy List

Allergen Name	Date	Reaction	Notes
Ancef	-	-	-
PENICILLINS	-	-	-

Family Medical History

Disease Name	Relative/ Age	Notes
Coronary Artery Disease	-	-

Social History

Finding	Status	Start/ Stop	Quantity	Notes
Alcohol Abuse	-	-/-	-	-
Opates	-	-/-	-	-

[Digital Signature Validated]

2-Aug-2023 12:44 Hamilton Cardiology Associates

6095815738

p. 4

[8/2/2023][Page 3]

Review of Systems**Constitutional**

- Admits : fatigue, malaise
- Denies : diaphoresis

Eyes

- Denies : amaurosis fugax, all other

HENT

- Denies : all other

Breasts

- Denies : all other

Cardiovascular

- Admits : chest pain, dyspnea on exertion, orthopnea, paroxysmal nocturnal dyspnea, palpitations, lightheadedness
- Denies : syncope, lower extremity edema, all other

Respiratory

- Denies : shortness of breath, wheezing, all other

Gastrointestinal

- Denies : nausea, vomiting, abdominal pain, all other

Genitourinary

- Denies : all other

Integument

- Denies : all other

Neurologic

- Denies : memory difficulties, loss of balance, all other

Musculoskeletal

- Denies : muscular weakness, muscle cramps, all other

Endocrine

- Denies : decreased libido, weight gain, weight loss, all other

Psychiatric

- Denies : anxiety, depression, all other

Heme-Lymph

- Denies : easy bleeding, easy bruising, all other

Allergic-Immunologic

- Denies : all other

All Others Negative**Vitals**

Date	Time	BP	Position	Site	Cuff		TEMP		WT	HT	BMI	BSA	O2	FR
					LR Size	HR	RR	(F)			kg/m ²	m ²	Sat	L/min FIO2 FIO
07/26/2023	11:30 AM	111/75	Sitting	Brachial		94	R							

Assessment

- (1) Angina, Unstable 411.1/120.0
persistent symptomatology despite recent drug-eluting stents to the circumflex and LAD. Because of the worsening symptoms including shortness of breath, chest pains radiating to the jaw and palpitations/lightheadedness, I have asked the patient to be transferred to the hospital for further evaluation.
- (2) S/P PTCA V45.82/Z98.61
DES x2, DIL; drug-eluting stents to the mid LAD as well as circumflex vessels.
- (3) Renal calculi 592.0/N20.0
- (4) Atherosclerosis of coronary artery of native heart with angina pectoris
- (5) Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris 414.01/I25.119
- (5) Dizziness 780.4/R42
cannot rule out ventricular arrhythmias
- (6) Palpitations 785.1/R00.2
Concern for ventricular arrhythmias. I am requesting patient be transferred to the hospital though, regardless, metoprolol should be titrated up as well as at least 24 hour Holter monitoring.

Plan**Medications**

[Digital Signature Validated]

2-Aug-2023 12:45 Hamilton Cardiology Associates

6095815738

p.5

[8/2/2023][Page 4 of 4]

Medications have been Reconciled

Instructions

Recommend Patient be transferred to the hospital for further evaluation and care. Will likely require revisualization of the coronary anatomy.

All prescribed medications were reconciled with the patient/patient representative during the office visit and reviewed in detail, defining purpose and side effects. Continue prescribed medications at dosage and frequency as detailed above and/or in the medication list

Please forward copies of any recent laboratory data

Copies of the most recent EKG and/or cardiac testing are available upon request

I spent > 60 minutes on this date of service performing the following activities: obtaining history, performing examination, entering orders, documenting, and providing counseling and education.

I reviewed old records and/or outside testing with the patient/patient representative during the office visit

Outside or old records and/or history were obtained from an additional person and the patient's current medical record was updated

Disposition

Follow-up after procedure

Follow-up in 6 months

Electronically Signed by: John L. Caplan, MD - Author on August 2, 2023 08:39:55 AM

[Digital Signature Validated]



Page 1 of 1

Patient: IMAD DAWARA
Visit Date: 07/27/2023
MRN: 007347675
Location: 40 - 4 Level
Primary Provider: Lamin, Kerry
Date: 07/27/23

Patient Visit Information

Patient Instructions:

Received with this packet on 07/27/23 at 16:06
Chest Pain
Coronary Artery Disease
Shortness of Breath

Care Plan Goals:

The ability to resume daily activities as detailed in the discharge plan and discharge instructions.

Activity Restrictions or Additional Instructions:

Discharge Diagnosis:
Stable angina

Follow-Ups:

IMAD DAWARA has been referred to the following clinics/specialists for follow-up care:

1. PCP No Date:

None
None

Prescriptions:

1. isosorbidedemonitrate
30 mg oral daily #30 tab
30 mg
tablet extended release 24 hr
Refills: 0

Additional Documents Given:

Patient Discharge Instructions
Home Medications List



Home Medication List

Page: 1

Date: 11/02/23

Patient: IMAR, IMARAS

Medical Record Number: M000-47471

Account: M00,000,0000

Please review the directions of this list carefully, and if you have any questions regarding your medications or medical equipment supplies, contact your primary care physician.

New Medications (1)

These are new medications to start taking at home.

1. isosorbide mononitrate
30 mg oral daily
Kerry Lanigan, MD
Last Taken: Unknown

Imdur

Rx

30 mg tablet, extended release 24 hr

Next Due: 7/28 0900

Prescription Printed To Be Given To Patient

Continue Medications (6)

These are your current medications to keep taking at home.

2. aspirin
81 mg oral daily
Florence Unuiabe, MD
Last Taken: 07/15/23 09:00

81 mg tablet, delayed release (DR/ER)

Next Due: 7/28 0900

3. clopidogrel [Plavix]
75 mg oral daily
Florence Unuiabe, MD
Last Taken: 07/15/23 09:00

75 mg tablet

Next Due: 7/28 0900

4. atorvastatin
80 mg oral daily
Florence Unuiabe, MD
Last Taken: 07/15/23 11:00

80 mg tablet

Next Due: 7/28 2100

5. metoprolol tartrate
50 mg oral twice a day
Florence Unuiabe, MD



Home Medication List

Page: 1
Date: 11/02/23

Patient: TRAM TAKABA
Medical Record Number: M000041171
Account: M01020170051

Continue Medications (6)

These are your current medications to keep taking at home.

Last Taken: 07/11/23 09:00

50 mg tablet

Next Due: 7/12/24 0900

6. nitroglycerin

0.4 mg sublingual every 5 minutes as needed

do not exceed 3 doses per episode

PFN Reason: chest pain

Florence Unuigho, MD

Last Taken: Unknown

0.4 mg tablet, sublingual

Next Due: as needed

7. pantoprazole

40 mg oral daily 9/26/23

Laura Cheo, DO

Last Taken: 07/26/23 06:00

40 mg Tablet, Delayed Release (D/ER)

Next Due: as prescribed



Patient Discharge Instructions

Page: 1 of 2

Date: 07/27/2023

DAWARA, IMAD

Fac: Deborah Heart and Lung Center

Loc: 4L - 4 Lessor

Bed: 4450-A

Adm M 10/12/1979

Med Rec Num: M000347675

Visit: V00 20/10/2023

Attending: Kerry Lanigan

Reg Date: 07/26/23

Reason:

Activity/Diet

Activity

Activity as tolerated

Diet

Low cholesterol, Low sodium.

*****If you need to return to Deborah Heart and Lung Center for follow-up, please call 609-621-2080 so that we can schedule your return appointment*****

Call your Primary Physician or 911, or go to the Emergency Room if you have worsening symptoms including but not limited to:

- ~ Leg Swelling
- ~ Shortness of Breath
- ~ Severe Wheezing
- ~ Fever above 100(F)
- ~ Chest or Upper Body Pain or Angina Unrelieved with 3 Nitroglycerin if prescribed

Contact your DHLC Specialty Provider Kerry Lanigan, MD for these symptoms:

- ~ Bleeding
- ~ Drainage
- ~ Redness
- ~ Fever above 100(F)
- ~ Swelling
- ~ Increased tenderness/pain

SAFE & SECURE MEDICINE STORAGE and DISPOSAL:

Store medication in a cool, dry area away from light or as directed by your pharmacist or health care provider. Consider a lockbox to secure your opioid medications to prevent theft or accidental overdose.

Unused medications that remain in your medicine cabinet are susceptible to theft and misuse especially opioids. To prevent medications from getting into the wrong hands, New Jersey's Office of the Attorney General and Division of Consumer Affairs urge you to properly dispose of your expired and unwanted prescription medicine at a nearby Project Medicine Drop location.

~ DROP OFF IS SIMPLE, ANONYMOUS AND AVAILABLE 24 HOURS A DAY 365 DAYS A YEAR, NO QUESTIONS ASKED.

Simply bring in your prescription and over-the-counter medications and discard them in an environmentally safe manner. Always scratch out the identifying information on any medicine container you are discarding.

For a list of Project Medicine Drop locations, please visit www.NJConsumerAffairs.gov/meddrop.

SMOKING CESSATION:

Smokers are advised to stop smoking. Non-smokers are advised to continue abstinence and avoid second-

Continued on Page 2

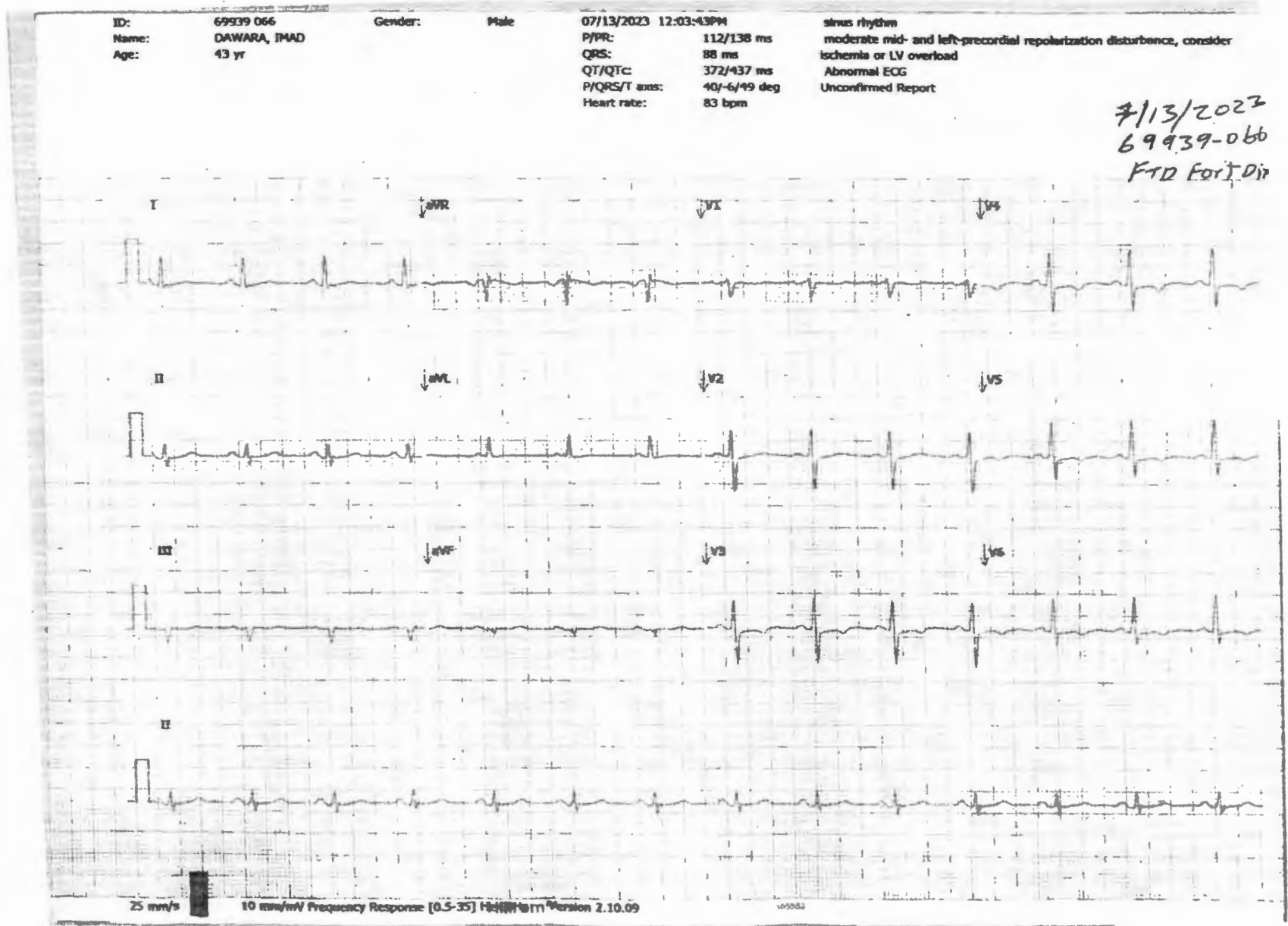
Page: 2 of 2

DAWARA, IMAD**Fac:** Deborah Heart and Lung Center **Loc:** 4L - 4 Lesser
43 M 10/12/1979 **Med Rec Num:** M000347675**Bed:** 4459-A
Visit: V00020770954

hand smoke.

CUSTOMER SATISFACTION SURVEY:

Thank you for allowing us to care for you. We hope that we have done everything possible to make your stay with us exceptional. Should you have any further questions regarding your care please do not hesitate to contact our customer service department at 609-735-2969. Your feedback is very important to us, as we continually strive to exceed our patients expectations. You may be contacted by Press Ganey, the company that provides us with our patient satisfaction results. Please take the time to share your thoughts about your experience at Deborah. Your opinion matters to us. All surveys are confidential.





2023-06-12 11:07 AM ET

Deborah Heart & Lung

→ HONEY WALKER

pg 1 of 8

Sent 06/12/2023 11:06:26, Page - 1

***LIVE* Deborah Heart and Lung Ctr**

FTD #69939-066

Patient Name: Dawara,Imad

Account Number: V00020643284

Page: 1

Birthdate: 10/12/1979

Medical Rec Number: M000347675

Date: 06/12/23 11:01

Admit Date: 06/11/23

Length of Stay: 1

User: Anderson,Cheryl

Insurance/Policy Number:

NAPHCARE INC / 69939066

SELF PAY INSURANCE

Admission Review*Admission Review****- Review Information****Review Date:** 06/12/23**Reason for Admission:** NSTEMI**Utilization Management RN:** Anderson,Cheryl**Insurance:** NAPHCARE INC**- Review Outcome****Next Review Date:** 06/12/23**Review Outcome:** Inpatient Criteria Met**Review Status:** *Complete**- Payor Communication****Payor Comm Status:** PC | Pending**Date Sent:** 06/12/23 (NAPHCARE)**How Sent:** FAX**Indicia Notes****Aggregate Interface Note**

Warning: Potentially sensitive patient data is contained here. Follow patient privacy policies.

Medical Record Number: M000347675

Patient Name: Dawara, Imad

Gender: Male

DOB: 10/12/1979

Insurance Plan Name: (No Entry)

Primary Insurance : None

Facility: Deborah Heart and Lung Center

Facility Phone: (No Entry) Encounter Codes: (none)

Guideline 1 of 1 M-230 GLOS: 2 (DS) Myocardial Infarction

[Version: MCG 26th Edition]

Next Review Date: (No Entry)

Added by: Anderson, Cheryl on 6/12/2023 10:53 AM EDT

Patient Status:

① 2023-06-12 11:07 AM ET

Deborah Heart & Lung

→ HONEY WALKER

Sent: 06/12/2023 11:06:26, Page - 2

pg 2 of 8

Patient Name: Dawara, Inad

Account Number: V00020643184

Page: 2

Birthdate: 10/12/1979

Medical Rec Number: M000347675

Date: 06/12/23 11:01

Admit Date: 06/11/23

Length of Stay: 1

User: Anderson, Cheryl

Insurance/Policy Number:

NAPHCARE INC / 69939066

SELF PAY INSURANCE

***Admission Review**

Clinical Indications for Admission to Inpatient Care
Status: Indications Met

Clinical Note #1

6/12/2023 10:56 AM EDT by Anderson, Cheryl

Subject: Admission

Note Text:

ADMITTED FROM THE ER AS INPT FOR NSTEMI

Most Recent Editor: Anderson, Cheryl Most Recent Date: 6/12/2023 10:56 AM EDT

(X) Admission is indicated for 1 or more of the following (1) (2) (3) (4)

(5) (6) (7) (8) (9):

(X) Acute myocardial infarction (MI) [A] [B] (not in context of cardiac procedure within last 48 hours), as indicated by ALL of the following (5) (12):

(X) Elevated cardiac troponin level, [C] [D] [E] [F] as indicated by 1 or more of the following :

(X) Initial troponin elevated with subsequent increase or decrease in level of 20% or more (ie, indicative of acute myocardial injury)

Text note: Troponin 0.07-> 3.05 [entered on 6/12/2023 10:56 AM EDT by Anderson, Cheryl]

(X) Myocardial injury due to acute ischemia, as indicated by 1 or more of the following :

(X) Symptoms consistent with myocardial ischemia (eg, chest pain, dyspnea)

Text note: 10/10 left sided sub sternal chest pressure radiating to his shoulders, neck and left arm down to his fingers. Patient also states that in the past few weeks he has noticed some light dyspnea on exertion. [entered on 6/12/2023 10:56 AM EDT by Anderson, Cheryl]

Inpatient Progression

Care Day 1. Care Date 6/11/2023 Level Of Care: ICU
[Status : Guideline Day 1 Met]

Clinical Note #1

6/12/2023 10:59 AM EDT by Anderson, Cheryl

Subject: Additional Clinical Information

Note Text:

PT TAKEN TO THE CATH LAB WHERE HE UNDERWENT PCI:

Post Procedure Impressions:

Severe mL CX lesion s/p IVUS guided PCI with DESx1

Severe mL AD lesion s/p IVUS guided PCI with DESx1

Complications (if none, enter "no complications"):

None

Recommendations:

Load with plavix 300mg and continue 75mg daily as patient may have

© 2013-06-12 11:07 AM ET

Deborah Heart & Lung

→ HONEY WALKER

pg 3 of 8

Sent 06/12/2023 11:06:26, Page - 3

Patient Name: Dawara,Imad

Account Number: V00020643284

Page: 3

Birthdate: 10/12/1979

Medical Rec Number: M000347675

Date: 06/12/23 11:01

Admit Date: 06/11/23

Length of Stay: 1

User: Anderson,Cheryl

Insurance Policy Number:

NAPHCARE INC / 69939066

SELF PAY INSURANCE

***Admission Review**

difficulty taking brilinta in prison

GDMT

Echocardiogram

Cardiac rehab

Most Recent Editor: Anderson, Cheryl Most Recent Date: 6/12/2023 11:00 AM EDT

Clinical Status

(X)* Clinical Indications met

Medications

(X) Anticoagulants

Text note: IV HEPARIN [entered on 6/12/2023 11:00 AM EDT by
Anderson, Cheryl]

* Milestone

© 2013-06-12 11:07 AM ET

Deborah Heart & Lung

→ HONEY WALKER

pg 4 of 8

Sent 06/12/2023 11:06:26, Page - 4

Deborah Heart and Lung Center
 200 Trenton Road
 Browns Mills, N.J. 08015-1799
 (609)893-8611

Dept. 805

DRMN:

Cardiology H&P

Patient's Name: Dawara, Imad
 M.R.#: M000347675
 CPT Code:

Date of Birth: 10/12/1979
 Admit/Service Date: 06/11/23

HPI**Date of Service**

Date of Service: 06/11/23

History of Present Illness

History of present illness:

43-year-old incarcerated male with past medical history of multiple kidney stones requiring lithotripsy brought in from prison for episode of left-sided chest pressure this morning. Patient reports that he was at prison speaking to a family member when he became very anxious. He subsequently developed 10/10 left sided sub sternal chest pressure radiating to his shoulders, neck and left arm down to his fingers. Patient states that he was given Tylenol to slightly relieve the chest pressure. He was given 1 dose of sublingual nitroglycerin which improved the chest pressure to a 3/10. In the ER, patient states that he still has substernal left-sided chest pressure rated at 3/10 with some left finger numbness. ECG: Respiratory sinus arrhythmia, early repolarization abnormality

Patient also states that in the past few weeks he has noticed some light dyspnea on exertion. Patient denies any palpitations, paroxysmal nocturnal dyspnea, leg swelling, syncope, fevers, recent infections.

Patient reports that he has no family history of heart attack or sudden cardiac death. Patient was a previous 25-pack-year smoker with extensive hookah smoking history as well. Denies any excessive alcohol use. He is not on any medications currently.

Patient brought up to floor and had recurrent 10/10 chest pressure requiring sublingual nitroglycerin x3 and nitropatch without minimal relief, so also given trial of IV morphine 2mg, followed by 4mg. ECG showed no new changes. However, telemetry showed 19 beats of NSVT. NSTEMI treatment started. Patient loaded with brilinta. Cath consent placed. Serial ecgs and troponins will be ordered. Patient reported persistent chest pain despite medical management so transferred to ICU for initiation of nitroglycerin drip. Troponin 0.07-> 3.05

Exam**Physical**

Height, Weight, BMI, Vital Signs:

General: Uncomfortable appearing, anxious

2023-06-12 11:07 AM ET

Deborah Heart & Lung

→ HONEY WALKER

pg 5 of 8

Sent 06/12/2023 11:06:26, Page - 5

Name: Dawara, Imad
MR#: M000347675

Dept. 805

Patient: NCAT, no JVD
 Cardiac: +S1S2, no murmurs, rubs or gallops
 Chest: No tenderness on palpation of the precordium
 Pulm: CTAB, no wheezes, rhonchi, rales
 GI: soft, NTND, normal bowel sounds
 Skin: warm, dry
 Extremities: no lower extremity edema
 Neuro: AAOx3

H/P**Assessment and plan**

- (1) Elevated troponin I level:
- (2) Left chest pressure:
- (3) NSTEMI (non-ST elevated myocardial infarction):

Plan

(1) NSTEMI

- NPO after midnight
- Asa, brilinta, lopressor
- Monitor on nitroglycerin gtt
- Heparin gtt
- ECG monitoring

Quality Measures**VTE**

Contraindication to VTE prophylaxis: N/A
 Documentation of mechanical device: N/A
 Deep vein thrombosis/Pulmonary embolism present on admission: No

Provider Attestation**Attestation**

Provider attestation:

Patient was seen and examined by me personally. Fellow's history and physical examination above reviewed. Agree with plan. Briefly patient is a 43-year-old man with past medical history of kidney stones who presented from correctional facility with complaints of chest pain radiating to left shoulder, neck, and left arm. Pain improved with nitroglycerin. Initial twelve-lead electrocardiogram showed normal sinus rhythm with minimal ST changes. Laboratory findings were significant for mildly elevated serum troponin markers. Patient was initially admitted to telemetry floor but had persistent chest discomfort and subsequent serum troponin markers increased to 3.05. Additionally, patient had an episode of ventricular tachycardia. Patient was subsequently transferred to the medical intensive care unit for further management of acute myocardial infarction. He was loaded on dual antiplatelet therapy and IV heparin anticoagulation was initiated. IV nitroglycerin drip is being started for pain management. Bedside transthoracic echocardiographic examination was performed revealing wall motion abnormalities involving the distal septum and the apex. Given patient's persistent chest pain with rising troponin markers, regional wall motion abnormalities on 2D echocardiogram, and electrical instabilities, the decision was made to proceed with emergent cardiac catheterization. The case was discussed with interventional cardiology on-call team and Cath Lab was activated. Further recommendations are to follow.

06/13/2023 11:07 AM ET

Deborah Heart & Lung

→ HONEY WALKER

pg 6 of 8

Sent 06/12/2023 11:06:26, Page - 6

Name: Dawara,Imad
M.I.R.#: M000347675

Dept. 805

Heart Score Calculator

Heart Score Calculator

Chest Pain: Moderately Suspicious

ECG: Normal

Age: <45

Risk Factors: DM, smoker, HTN, dyslipidemia, fam hx CAD<55: 1-2 Risk Factors (previous smoking History)

Trop Heart Score Calculator: 1-3 x normal

Heart Score Calculator Total Score: 3

Chest Pain Score Value: Low Risk

Dictated By: Mark Moshlyakhov,MD

e-Signed By: Mark Moshlyakhov,MD
Gin Den Chang, DO

06/11/23 2319

06/11/23 2248

Dictated Date: 06/11/23

2023-06-12 11:07 AM ET

Deborah Heart & Lung

→ HONEY WALKER

pg 7 of 8

Sent 06/12/2023 11:06:26, Page - 7

Deborah Heart and Lung Center
200 Trenton Road
Browns Mills, N.J. 08015-1799
(609)893-6611

Dept. 805

DRMN:

Interven Card Brief Proc Note

Patient's Name: Dawara, Imad
M.R.#: M000347675
CPT Code:

Date of Birth: 10/12/1979
Admit/Service Date: 06/11/23

Interven Card Brief Proc Note

Procedure Data

Indications:

NSTEMI

Procedure Details

Procedure details:

Left heart cath:

Access: Rt radial

Dominance: right

RCA: Dominant. Mild luminal irregularities.

Left main: Large caliber vessel. Patent with mild luminal irregularities. Distally bifurcates into 2 major vessels, left circumflex artery and LAD.

Left circumflex artery: Nondominant. 80% focal mid vessel lesion. Gives rise to 2 major obtuse marginal arteries.

LAD: Proximal patent with mild luminal irregularities. 80% focal mid LAD lesion. Gives rise to 2 major diagonal arteries.

Intervention:

Heparin given and ACT remained therapeutic.

Vessel: mLAD

Guide: EBU 3.5

Wire: 0.014 Runthrough

Pre-dilated: 2.5x15mm compliant

IVUS showed a reference diameter of 3.0mm distally, 3.5mm proximally

Stent: 3.5x20mm Synergy DES

Post-dilated: 3.5x15mm NC

IVUS showed well expanded, apposed stent.

Vessel: LCX

Guide: EBU 3.5

Wire: .014 Runthrough

2023-06-12 11:07 AM ET

Deborah Heart & Lung

→ HONEY WALKER

pg 8 of 8

Sent 06/12/2023 11:06:26, Page - 8

Name: Dawara,Imad
M.R.#: M000347675

Dept. 805

Pre-dilated: 2.25x15mm compliant
Stent: 2.5x20mm Synergy
Post-dilated: 3.0x8mm NC
IVUS showed well expanded, apposed stent.

TIMI 3 flow in LAD and LCX. No post procedure complications.

Patent hemostasis achieved with TR band.
There were no immediate complications.

Post Procedure

Impressions:

Severe mLCX lesion s/p IVUS guided PCI with DESx1

Severe mLAD lesion s/p IVUS guided PCI with DESx1

Complications (if none, enter "no complications"):

None

Recommendations:

Load with plavix 300mg and continue 75mg daily as patient may have difficulty taking brilinta in prison

GDMT

Echocardiogram

Cardiac rehab

Estimated blood loss (mL) - enter 0 if no EBL: 10

Disclaimer

Disclaimer:

Preliminary report only, this report is not final until signed by the Attending Interventionalist.

Dictated By: Mouzamjha Farouqi, MD
e-Signed By: Mouzamjha Farouqi, MD

06/12/23 0739

Dictated Date: 06/11/23

06/14/2023 08:31 AM ET

Deborah Heart & Lung

→ HONEY WALKER

pg 2 of 10

Sent 06/14/2023 08:31:09, Page - 2

Deborah Heart and Lung Center
 200 Trenton Road
 Browns Mills, N.J. 08015-1799
 (609)893-6611

Dept. 805

DRMN:

Discharge Summary

Patient's Name: Dawara, Imad
 M.I.R.#: M000347675
 CPT Code:

Date of Birth: 10/12/1979
 Admit/Service Date: 06/11/23

IS: Providers**Provider**

Date/time of admission:
 06/11/23 22:59

Attending provider:
 Florence Unuigbo, MD

Referring provider:
 Randall C Lewis, MD

Specialty attending: Raza, Muhammad, MD
 Other specialty attending:
 Dr. Moshlykhov, MICU attending
 Discharge Date: 06/13/23
 Discharge Diagnosis:
 NSTEMI

Discharge Plan**Discharge Plan****Hospital Course:**

43-year-old incarcerated male with past medical history of multiple kidney stones requiring lithotripsy brought in from prison for episode of left-sided chest pressure this morning. Patient reports that he was at prison speaking to a family member when he became very anxious. He subsequently developed 10/10 left sided sub sternal chest pressure radiating to his shoulders, neck and left arm down to his fingers. Patient states that he was given Tylenol to slightly relieve the chest pressure. He was given 1 dose of sublingual nitroglycerin which improved the chest pressure to a 3/10. Patient denied family history of heart attack or sudden cardiac death. Patient is an ex-smoker with 25-pack-year smoker with extensive hookah smoking history as well. Denies any excessive alcohol use.

Patient initially brought up to floor and had recurrent 10/10 chest pressure requiring sublingual nitroglycerin x3 and nitropatch without minimal relief, so also given trial of IV morphine 2mg, followed by 4mg. ECG showed no new changes. However, telemetry showed 19 beats of NSVT.

2023-06-14 08:31 AM ET

Deborah Heart & Lung

→ HONEY WALKER

pg 3 of 10

Sent 06/14/2023 08:31:09, Page - 3

Name: Dawara,Imad
M.R.#: M000347675

Dept. 805

NSTEMI treatment started. Patient loaded with brilinta. Continued on heparin drip as well as statins , aspirin and metoprolol. He was admitted as a critical care to MICU for nstemi with rising troponins and initiation of nitro drip . Troponins maxed up to 6.78 and flattened down.

On 6/11/23 ,He had cardiac catheterization with PCI with drug eluting stent to mLCx and mLAD, he was loaded with plavix .

He was downgraded to the floor on 6/12/23 . He remains chest pain free vital signs are stable and he has been deemed stable for discharge by interventionalist to return back to the correctional facility. Preliminary Transechocardiogram report as per r Moshiyakhov shows preserved LV function ,and can be discharged.

I spoke with Correctional facility physician Dr Ahmedi .

Patient vital signs remains stable and he does not require supplemental oxygen. it has been explained to patient the need for lifestyle modifications and follow ups, patient verbalized understanding. This discharge and co-ordination of care took more than 35minutes. Thank you for allowing us participate in the care of this patient.

Disposition (Required to Place Discharge Order): Xfer Court/Law Enforcement

Prescriptions:

New

aspirin 81 mg tablet, delayed release (DR/EC)

81 mg PO DAILY Qty: 90 ORF

atorvastatin 80 mg tablet

80 mg PO NIGHTLY Qty: 90 ORF

clopidogrel [Plavix] 75 mg tablet

75 mg PO DAILY Qty: 90 ORF

metoprolol tartrate 50 mg tablet

50 mg PO BID Qty: 180 ORF

nitroglycerin 0.4 mg tablet, sublingual

0.4 mg sublingual Q5M PRN (Reason: chest pain) Qty: 60 ORF

Rx Instructions:

do not exceed 3 doses per episode

Activity Restrictions/Additional Instructions:

DIAGNOSES

- (1) NSTEMI (non-ST elevated myocardial infarction):
- (2) Elevated troponin I level:
- (3) Left chest pressure
- (4) NSVT
- (5) S/P PCI to LCx and LAD

PLEASE FOLLOW UP WITH YOUR DOCTOR AT THE CORRECTIONAL FACILITY

PLEASE FOLLOW UP WITH CARDIOLOGY AT DEBORAH HOSPITAL OR YOUR CARDIOLOGIST WITHIN 2 WEEKS

YOU ARE TO AVOID SMOKING AND STAY ON A HEART HEALTHY DIET

YOU ARE TO REMAIN ON DUAL ANTIPLATELET FOR AT LEAST 6- 12 MONTHS

In general, people who have angioplasty can walk around within 6 hours after the procedure. You

03/06/14 08:31 AM ET

Deborah Heart & Lung

→ HONEY WALKER

pg 4 of 10

Sent 06/14/2023 08:31:09, Page - 4

Name: Dawara, Imad
NIR #: M000347675

Dept. 805

may be able to be up and walking earlier if the procedure was performed through the wrist. Complete recovery takes a week or less. Keep the area where the catheter was inserted dry for 24 to 48 hours.

If the provider put the catheter in through your groin:

- Walking short distances on a flat surface is OK. Limit going up and down stairs to around 2 times a day for the first 2 to 3 days.
- Don't do yard work, drive, squat, carry heavy objects, or play sports for at least 2 days, or until your health care provider tells you it is safe.

If the provider put the catheter in your arm or wrist:

- Don't lift anything heavier than 10 pounds (4.5 kilograms) (a little more than a gallon of milk) with the arm that had the catheter.
- Don't do any heavy pushing, pulling or twisting with that arm.

For a catheter in your groin, arm, or wrist:

- Avoid sexual activity for 2 to 5 days. Ask your provider when it will be OK to start again.
- Don't take a bath or swim for the first week. You may take showers, but make sure the area where the catheter was inserted does not get wet for the first 24 to 48 hours.
- You should be able to return to work in 2 to 3 days if you do not do heavy work.

You will need to care for your incision.

- Your provider will tell you how often to change your dressing.
- If your incision bleeds or swells up, lie down and put pressure on it for 30 minutes.

Angioplasty does not cure the cause of the blockage in your arteries. Your arteries may become narrow again. Eat a heart-healthy diet, exercise, stop smoking (if you smoke), and reduce stress to help lower your chances of having a blocked artery again. Your provider may give you medicine to help lower your cholesterol.

Most people take aspirin together with another antiplatelet medicine such as clopidogrel (Plavix), prasugrel (Efient), or ticagrelor (Brilinta) after this procedure. These medicines are blood thinners. They keep your blood from forming clots in your arteries and stent. A blood clot can lead to a heart attack. Take the medicines exactly as your provider tells you. Do not stop taking them without talking with your provider first.

You should know how to take care of your angina if it returns.

Make sure you have a follow-up appointment scheduled with your heart care provider (cardiologist).

Your provider may refer you to a cardiac rehabilitation program. This will help you learn how to slowly increase your exercise. You will also learn how to take care of your angina.

When to Call the Doctor

Contact your provider if:

- There is bleeding at the catheter insertion site that does not stop when you apply pressure.
- There is swelling at the catheter site.
- Your leg or arm below where the catheter was inserted changes color, becomes cool to touch, or is numb.
- The small incision for your catheter becomes red or painful, or yellow or green discharge is draining from it.
- You have chest pain or shortness of breath that does not go away with rest.
- Your pulse feels irregular -- very slow (fewer than 60 beats), or very fast (over 100 to 120

0 2023-06-14 08:31 AM ET

Deborah Heart & Lung

→ HONEY WALKER

pg 5 of 10

Sent 06/14/2023 08:31:09, Page - 5

Name: Dawara, Imad
NIR#: M000347675

Dept. 805

beats) a minute.

- You have dizziness, fainting, or you are very tired.
- You are coughing up blood or yellow or green mucus.
- You have problems taking any of your heart medicines.
- You have chills or a fever over 101°F (38.3°C).

Assessment (does not print on discharge packet):

See Discharge Diagnosis List.

Care Plan Goals:

The ability to resume daily activities as detailed in the discharge plan and discharge instructions.

Plan of Treatment (does not print on discharge packet):

See patient instructions and follow up plan for the specific plan of treatment.

Condition: Stable

Other Ambulatory Orders:

Basic Metabolic Panel (Routine) Timeframe: 2 Weeks

Facility: Deborah Heart and Lung Center - Location: Discharged Patient

Ordered By: Florence Unuigbo

Scheduled Cardiology Re Eval (Routine) Timeframe: 2 Weeks

Facility: Deborah Heart and Lung Center - Location: Discharged Patient

Ordered By: Florence Unuigbo

Complete Blood Count Auto Diff (Routine) Timeframe: 2 Weeks

Facility: Deborah Heart and Lung Center - Location: Discharged Patient

Ordered By: Florence Unuigbo

Magnesium (Routine) Timeframe: 2 Weeks

Facility: Deborah Heart and Lung Center - Location: Discharged Patient

Ordered By: Florence Unuigbo

Referrals:

No, PCP [Primary Care Provider] -

Activity/Diet

Activity: See below

Do not drive for the following # of days: 3

Don't lift, pull, push or move objects greater than 10 lbs for: 2 WEEKS

No lifting right/left elbow above right/left shoulder for: 2 to 4 weeks

Diet: Low cholesterol, Low fat and Low sodium

Wound Care Instructions

Always keep the dressing dry: Yes

03/06/14 08:31 AM ET

Deborah Heart & Lung

→ HONEY WALKER

pg 6 of 10

Sent 06/14/2023 08:31:09, Page - 6

Name: Dawara, Imad
M.I.R.#: M000347675

Dept. 805

Shower in indicated # of days: 5

Do not remove steri-strips until they fall off: Yes

You may shower with steri-strips in place: Yes

Wash wounds with soapy washcloth using mild rubbing force: Yes

Cover with dressing ONLY IF drainage will soil clothing: Yes

Exam**Physical**

Height, Weight, BMI, Vital Signs:

Height	175 cm
Weight on Admission	94.3 kg
Current Weight	93 kg
TEMP (s)	36.4 C
Heart Rate	84
BP (s)	118/76
HR (s)	96
Respiratory Rate	20
O2 Sat by Pulse Oximetry	94

Const

Constitutional: Present alert & oriented x 3, well nourished and cooperative; Absent acute distress

HEENT

Head: Present normocephalic and atraumatic

Eye: Present EOMI and PERRL; Absent conjunctival icterus or conjunctival pallor

Pupils: bilateral; regular, round

Sclerae/Conjunctivae: bilateral: normal inspection

ENT: Present mucous membranes moist, nares patent and external ear normal

Detailed ENT

Nose: Absent nasal deviation

Nasal/Nares: bilateral: normal inspection

Oral mucosa: Present moist

Neck

Neck: Present supple, full ROM and trachea midline; Absent JVD or carotid bruit

Cardiovasc

Cardiovascular: Present RRR, S1 and S2; Absent JVD

Detailed Cardiovasc

Auscultation: Absent pericardial rub

Respiratory

Respiratory: Present equal expansion and symmetry of chest wall and clear to auscultation bilaterally;

Absent accessory muscle use, rales or rhonchi

Chest Wall

Chest wall: Absent tenderness

Abdominal

Abdominal: Present soft and normoactive bowel sounds; Absent tenderness, distended, guarding, organomegaly or hernia

① 2023-06-14 08:31 AM ET

Deborah Heart & Lung

→ HONEY WALKER

pg 7 of 10

Sent 06/14/2023 08:31:09, Page - 7

Name: Dawara,Imad
NLR#: M000347675

Dept. 805

Misc Skel

Musculoskeletal: Absent joint effusion

Extremities

Extremities: Present full ROM, normal capillary refill and other (BILATERAL ANKLE CUFFS); Absent cyanosis, clubbing, edema, calf tenderness or varicosities

Extremities Vascular

Peripheral pulses: 2+: radial (L), 2+: radial (R), 2+: dorsalis pedis (L) and 2+: dorsalis pedis (R)

Skin

Skin: Present intact; Absent cyanosis or lesions

Neuro

Neurological: Present alert, oriented X3, CN II-XII intact, moving all extremities, hearing grossly intact and normal speech; Absent facial asymmetry

Psychiatric

Psychiatric: Present normal affect; Absent suicidal ideation or homicidal ideation

OS: Data**Results**

$$\begin{array}{c} 8.5 \quad 14.5 \quad 210 \\ \quad \quad 42.1 \end{array}$$

06/13/23 06:00

$$\begin{array}{c|c|c} 139 & 106 & 14 \\ \hline 3.7 & 26 & 0.9 \end{array}$$

06/13/23 06:00

Pending studies at discharge:

OFFICIAL TTE READING

Most recent labs:

	06/12/23 03:39	06/12/23 21:34
PT		13.0 H
INR		1.16 H
Hemoglobin A1c	5.8	

Imaging and Cardiology

Cardiac catheterization:

Additional comments:

Interven Card Brief Proc Note

Patient's Name: Dawara,Imad

Date of Birth: 10/12/1979

NLR#: M000347675

Admit/Service Date: 06/11/23

CPT Code:

Interven Card Brief Proc Note**Procedure Data**

Indications:

2023-06-14 08:31 AM ET

Deborah Heart & Lung

→ HONEY WALKER

pg 8 of 10

Sent 06/14/2023 08:31:09, Page - 8

Name: Dawara,Imad
 H.R.#: M000347675

Dept. 805

NSTEMI

Procedure Details

Procedure details:

Left heart cath:

Access: Rt radial

Dominance: right

RCA: Dominant. Mild luminal irregularities.

Left main: Large caliber vessel. Patent with mild luminal irregularities. Distally bifurcates into 2 major vessels, left circumflex artery and LAD.

Left circumflex artery: Nondominant. 80% focal mid vessel lesion. Gives rise to 2 major obtuse marginal arteries.

LAD: Proximal patent with mild luminal irregularities. 80% focal mid LAD lesion. Gives rise to 2 major diagonal arteries.

Intervention:

Heparin given and ACT remained therapeutic.

Vessel: mLAD

Guide: EBU 3.5

Wire: 0.014 Runthrough

Pre-dilated: 2.5x15mm compliant

IVUS showed a reference diameter of 3.0mm distally, 3.5mm proximally

Stent: 3.5x20mm Synergy DES

Post-dilated: 3.5x15mm NC

IVUS showed well expanded, apposed stent.

Vessel: LCX

Guide: EBU 3.5

Wire: .014 Runthrough

Pre-dilated: 2.25x15mm compliant

Stent: 2.5x20mm Synergy

Post-dilated: 3.0x8mm NC

IVUS showed well expanded, apposed stent.

TIMI 3 flow in LAD and LCX. No post procedure complications.

Patent hemostasis achieved with TR band.

There were no immediate complications.

Post Procedure

Impressions:

Severe mLAD lesion s/p IVUS guided PCI with DESx1

Severe mLAD lesion s/p IVUS guided PCI with DESx1

Complications (if none, enter "no complications"):

None

Recommendations:

Load with plavix 300mg and continue 75mg daily as patient may have difficulty taking brilinta in prison

CDMT

Echocardiogram

Cardiac rehab

2023-06-14 08:31 AM ET

Deborah Heart & Lung

→ HONEY WALKER

pg 9 of 10

Sent 06/14/2023 08:31:09, Page - 9

Name: Dawara,Imad
M.R.#: M000347675

Dept. 805

Estimated blood loss (mL) - enter 0 if no EBL: 10

Disclaimer

Disclaimer:

Preliminary report only, this report is not final until signed by the Attending Interventionalist.

Dictated By: Mouzamiha Farouqi, MD
e-Signed By: Mouzamiha Farouqi, MD

06/12/23 0739

Dictated Date: 06/11/23

Chest x-ray:

Additional comments:

Patient's Name: Dawara,Imad
M.R.#: H030046293

Date of Birth: 10/12/1979
Admit/Service Date: 06/11/23

Ordering Physician: Randall Lewis M.D.

Date of Service: 06/11/23

Procedure(s): XR chest 1V portable

Accession Number(s): G0000949633

Account Number: CH0014929740

CPT Code: 71045

Patient Status: REG ER

PROCEDURE:

XR chest 1V portable

REASON FOR EXAM:

Chest pain.

COMPARISON:

None

TECHNIQUE:

Portable AP view of the chest was obtained at .

FINDINGS:

The lungs are grossly clear without consolidation, mass, pleural effusion or pneumothorax.

The cardiac silhouette or heart is unremarkable in size and contour. No vascular congestion or hilar enlargement is demonstrated.

Bony structures of the chest or thoracic spine are unremarkable. No significant degenerative disc disease.

No significant interval changes from the prior study.

IMPRESSION:

Unremarkable portable chest radiograph. No pulmonary mass, consolidation or pleural effusions.

Transcribed By: Fluency Reports

Dictated By: William W Qiu,MD

Date: 06/12/23

2023-06-14 08:31 AM ET

Deborah Heart & Lung

→ HONEY WALKER

pg 10 of 10

Sent 06/14/2023 08:31:09, Page - 10

Name: Dawara, Imad
M.F.#: M000347675

Dept. 805

Signed By: William W Qiu, MD

06/12/23 0908

DS: Summary

Status at Discharge

Cognitive/behavioral status at discharge:

A+OX3

Functional status at discharge: independent ambulation

Overall status at discharge: patient is back to baseline

Smoking Cessation

Time spent discussing smoking cessation with patient: 3 to 10 minutes

Quality Reporting

Quality: VTE

VTE Discharge Instructions: N/A

Quality: PCI Patients

Did patient have a PCI this admission?: Yes

Patient prescribed aspirin?: RX or already taking

Patient prescribed P2Y12 Inhibitor?: RX or already taking

Patient prescribed statin?: RX or already taking

Quality: CABG Patients

Did patient have CABG this admission?: No

Quality: CHF/MI/ICD Patients

LV function (LVEF): unknown (PRELIMINARY READ BY DR MOSHIYAKHOV VERBAL> 50%)

HF/ CAD patients: Betablocker prescribed?: Rx or currently taking

7 Day Follow Up Visit: Documented on chart

Dictated By: Florence Unuigbo, MD

e-Signed By: Florence Unuigbo, MD

06/13/23 1233

Dictated Date: 06/13/23

2023-06-16 12:55 PM ET

Deborah Heart & Lung

→ 12052448029

pg 2 of 31

Sent 06/16/2023 12:55:34, Page - 2

Deborah Heart and Lung Center
200 Trenton Road
Browns Mills, N.J. 08015-1799
(609)893-6611

FAD #69939-066

Dept. 805

DRMN:

Discharge Summary

Patient's Name: Dawara, Imad
NLR#: M000347675
CPT Code:

Date of Birth: 10/12/1979
Admit/Service Date: 06/11/23

DIS: Providers**Provider**

Date/time of admission:
06/11/23 22:59

Attending provider:
Florence Unuigbo, MD

Referring provider:
Randall C Lewis, MD

Specialty attending: Raza, Muhammad, MD
Other specialty attending:
Dr. Moshikhov, mscu attending
Discharge Date: 06/13/23
Discharge Diagnosis:
NSTEMI

Discharge Plan**Discharge Plan****Hospital Course:**

43-year-old incarcerated male with past medical history of multiple kidney stones requiring lithotripsy brought in from prison for episode of left-sided chest pressure this morning. Patient reports that he was at prison speaking to a family member when he became very anxious. He subsequently developed 10/10 left sided sub sternal chest pressure radiating to his shoulders, neck and left arm down to his fingers. Patient states that he was given Tylenol to slightly relieve the chest pressure. He was given 1 dose of sublingual nitroglycerin which improved the chest pressure to a 3/10. Patient denied family history of heart attack or sudden cardiac death. Patient is an ex-smoker with 25-pack-year smoker with extensive hookah smoking history as well. Denies any excessive alcohol use.

Patient initially brought up to floor and had recurrent 10/10 chest pressure requiring sublingual nitroglycerin x3 and nitropatch without minimal relief, so also given trial of IV morphine 2mg, followed by 4mg. ECG showed no new changes. However, telemetry showed 19 beats of NSVT.

2023-06-16 12:55 PM ET

Deborah Heart & Lung

→ 12052448029

pg 3 of 31

Sent 06/16/2023 12:55:34, Page - 3

Name: Dawara,Imad
MR#: M000347675

Dept. 805

NSTEMI treatment started. Patient loaded with brilinta. Continued on heparin drip as well as statins , aspirin and metoprolol. He was admitted as a critical care to MICU for nsterni with rising troponins and initiation of nitro drip . Troponins maxed up to6.78 and flattened down.

On 6/11/23 ,He had cardiac catheterization with PCI with drug eluting stent to mLCx and mLAD, he was loaded with plavix .

He was downgraded to the floor on 6/12/23 . He remains chest pain free vital signs are stable and he has been deemed stable for discharge by interventionalist to return back to the correctional facility. Preliminary Transechocardiogram report as per r Moshiyakhov shows preserved LV function ,and can be discharged.

I spoke with Correctional facility physician Dr Ahmedi .

Patient vital signs remains stable and he does not require supplemental oxygen. it has been explained to patient the need for lifestyle modifications and follow ups, patient verbalized understanding. This discharge and co-ordination of care took more than 35minutes. Thank you for allowing us participate In the care of this patient.

Disposition (Required to Place Discharge Order): Xfer Court/Law Enforcement

Prescriptions:

New

aspirin 81 mg tablet, delayed release (DR/EC)

81 mg PO DAILY Qty: 90 ORF

atorvastatin 80 mg tablet

80 mg PO NIGHTLY Qty: 90 ORF

clopidogrel [Plavix] 75 mg tablet

75 mg PO DAILY Qty: 90 ORF

metoprolol tartrate 50 mg tablet

50 mg PO BID Qty: 180 ORF

nitroglycerin 0.4 mg tablet, sublingual

0.4 mg sublingual Q5M PRN (Reason: chest pain) Qty: 60 ORF

Rx Instructions:

do not exceed 3 doses per episode

Activity Restrictions/Additional Instructions:

DIAGNOSES

(1) NSTEMI (non-ST elevated myocardial infarction):

(2) Elevated troponin I level:

(3) Left chest pressure

(4) NSVT

(5) S/P PCI to LCx and LAD

PLEASE FOLLOW UP WITH YOUR DOCTOR AT THE CORRECTIONAL FACILITY

PLEASE FOLLOW UP WITH CARDIOLOGY AT DEBORAH HOSPITAL OR YOUR CARDIOLOGIST WITHIN 2 WEEKS

YOU ARE TO AVOID SMOKING AND STAY ON A HEART HEALTHY DIET

YOU ARE TO REMAIN ON DUAL ANTIPLATELET FOR AT LEAST 6- 12 MONTHS

In general, people who have angioplasty can walk around within 6 hours after the procedure. You

2023-06-16 12:55 PM ET

Deborah Heart & Lung

→ 12052448029

pg 4 of 31

Sent: 06/16/2023 12:55:34, Page - 4

Name: Dawara,Imad
M.I.R.#: M000347675

Dept. 805

may be able to be up and walking earlier if the procedure was performed through the wrist. Complete recovery takes a week or less. Keep the area where the catheter was inserted dry for 24 to 48 hours.

If the provider put the catheter in through your groin:

- Walking short distances on a flat surface is OK. Limit going up and down stairs to around 2 times a day for the first 2 to 3 days.
- Don't do yard work, drive, squat, carry heavy objects, or play sports for at least 2 days, or until your health care provider tells you it is safe.

If the provider put the catheter in your arm or wrist:

- Don't lift anything heavier than 10 pounds (4.5 kilograms) (a little more than a gallon of milk) with the arm that had the catheter.
- Don't do any heavy pushing, pulling or twisting with that arm.

For a catheter in your groin, arm, or wrist:

- Avoid sexual activity for 2 to 5 days. Ask your provider when it will be OK to start again.
- Don't take a bath or swim for the first week. You may take showers, but make sure the area where the catheter was inserted does not get wet for the first 24 to 48 hours.
- You should be able to return to work in 2 to 3 days if you do not do heavy work.

You will need to care for your incision.

- Your provider will tell you how often to change your dressing.
- If your incision bleeds or swells up, lie down and put pressure on it for 30 minutes.

Angioplasty does not cure the cause of the blockage in your arteries. Your arteries may become narrow again. Eat a heart-healthy diet, exercise, stop smoking (if you smoke), and reduce stress to help lower your chances of having a blocked artery again. Your provider may give you medicine to help lower your cholesterol.

Most people take aspirin together with another antiplatelet medicine such as clopidogrel (Plavix), prasugrel (Efient), or ticagrelor (Brilinta) after this procedure. These medicines are blood thinners. They keep your blood from forming clots in your arteries and stent. A blood clot can lead to a heart attack. Take the medicines exactly as your provider tells you. Do not stop taking them without talking with your provider first.

You should know how to take care of your angina if it returns.

Make sure you have a follow-up appointment scheduled with your heart care provider (cardiologist).

Your provider may refer you to a cardiac rehabilitation program. This will help you learn how to slowly increase your exercise. You will also learn how to take care of your angina.

When to Call the Doctor

Contact your provider if:

- There is bleeding at the catheter insertion site that does not stop when you apply pressure.
- There is swelling at the catheter site.
- Your leg or arm below where the catheter was inserted changes color, becomes cool to touch, or is numb.
- The small incision for your catheter becomes red or painful, or yellow or green discharge is draining from it.
- You have chest pain or shortness of breath that does not go away with rest.
- Your pulse feels irregular -- very slow (fewer than 60 beats), or very fast (over 100 to 120

Q 2023-06-16 12:55 PM ET

Deborah Heart & Lung

→ 12052448029

pg 5 of 31

Sent 06/16/2023 12:55:34, Page - 5

Name: Dawara,Imad
NIR#: M000347675

Dept. 805

beats) a minute.

- You have dizziness, fainting, or you are very tired.
- You are coughing up blood or yellow or green mucus.
- You have problems taking any of your heart medicines.
- You have chills or a fever over 101°F (38.3°C).

Assessment (does not print on discharge packet):

See Discharge Diagnosis List.

Care Plan Goals:

The ability to resume daily activities as detailed in the discharge plan and discharge instructions.

Plan of Treatment (does not print on discharge packet):

See patient instructions and follow up plan for the specific plan of treatment.

Condition: Stable

Other Ambulatory Orders:

Basic Metabolic Panel (Routine) Timeframe: 2 Weeks

Facility: Deborah Heart and Lung Center - Location: Discharged Patient

Ordered By: Florence Unuigbo

Scheduled Cardiology Re Eval (Routine) Timeframe: 2 Weeks

Facility: Deborah Heart and Lung Center - Location: Discharged Patient

Ordered By: Florence Unuigbo

Complete Blood Count Auto Diff (Routine) Timeframe: 2 Weeks

Facility: Deborah Heart and Lung Center - Location: Discharged Patient

Ordered By: Florence Unuigbo

Magnesium (Routine) Timeframe: 2 Weeks

Facility: Deborah Heart and Lung Center - Location: Discharged Patient

Ordered By: Florence Unuigbo

Referrals:

No, PCP [Primary Care Provider] -

Activity/Diet

Activity: See below

Do not drive for the following # of days: 3

Don't lift, pull, push or move objects greater than 10 lbs for: 2 WEEKS

No lifting right/left elbow above right/left shoulder for: 2 to 4 weeks

Diet: Low cholesterol, Low fat and Low sodium

Wound Care Instructions

Always keep the dressing dry: Yes

2023-06-16 12:55 PM ET

Deborah Heart & Lung

→ 12052448029

pg 6 of 31

Sent 06/16/2023 12:55:34, Page - 6

Name: Dawara,Imad
M.R.#: M000347675

Dept. 805

Shower in indicated # of days: 5

Do not remove steri-strips until they fall off: Yes

You may shower with steri-strips in place: Yes

Wash wounds with soapy washcloth using mild rubbing force: Yes

Cover with dressing ONLY IF drainage will soil clothing: Yes

Exam**Physical**

Height, Weight, BMI, Vital Signs:

Height	175 cm
Weight on Admission	94.3 kg
Current Weight	93 kg
TEMP (s)	36.4 C
Heart Rate	84
BP (s)	118/76
HR (s)	96
Respiratory Rate	20
O2 Sat by Pulse Oximetry	94

Const

Constitutional: Present alert & oriented x 3, well nourished and cooperative; Absent acute distress

HEENT

Head: Present normocephalic and atraumatic

Eye: Present EOMI and PERRL; Absent conjunctival icterus or conjunctival pallor

Pupils: bilateral: regular, round

Sclerae/Conjunctivae: bilateral: normal inspection

ENT: Present mucous membranes moist, nares patent and external ear normal

Detailed ENT

Nose: Absent nasal deviation

Nasal/Nares: bilateral: normal inspection

Oral mucosa: Present moist

Neck

Neck: Present supple, full ROM and trachea midline; Absent JVD or carotid bruit

Cardiovasc

Cardiovascular: Present RRR, S1 and S2; Absent JVD

Detailed Cardiovasc

Auscultation: Absent pericardial rub

Respiratory

Respiratory: Present equal expansion and symmetry of chest wall and clear to auscultation bilaterally;

Absent accessory muscle use, rales or rhonchi

Chest Wall

Chest wall: Absent tenderness

Abdominal

Abdominal: Present soft and normoactive bowel sounds; Absent tenderness, distended, guarding, organomegaly or hernia

Q 20: 3-06-16 12:55 PM ET

Deborah Heart & Lung

→ 12052448029

pg 7 of 31

Sent 06/16/2023 12:55:34, Page - 7

Name: Dawara, Imad
M.R.#: M000347675

Dept. 805

Musc Skel

Musculoskeletal: Absent joint effusion

Extremities

Extremities: Present full ROM, normal capillary refill and other (BILATERAL ANKLE CUFFS); Absent cyanosis, clubbing, edema, calf tenderness or varicosities

Extremities Vascular

Peripheral pulses: 2+: radial (L), 2+: radial (R), 2+: dorsalis pedis (L) and 2+: dorsalis pedis (R)

Skin

Skin: Present intact; Absent cyanosis or lesions

Neuro

Neurological: Present alert, oriented X3, CN II-XII intact, moving all extremities, hearing grossly intact and normal speech; Absent facial asymmetry

Psychiatric

Psychiatric: Present normal affect; Absent suicidal ideation or homicidal ideation

DS: Data**Results**

$$\begin{array}{c} 8.5 \quad 14.5 \quad 210 \\ \quad \quad 42.1 \end{array}$$

06/13/23 06:00

139	106	14
3.7	26	0.9

06/13/23 06:00

Pending studies at discharge:

OFFICIAL TTE READING

Most recent labs:

	06/12/23 03:39	06/12/23 21:34
PT		13.0 H
INR		1.16 H
Hemoglobin A1c	5.8	

Imaging and Cardiology

Cardiac catheterization:

Additional comments:

Interven Card Brief Proc Note

Patient's Name: Dawara, Imad

Date of Birth: 10/12/1979

M.R.#: M000347675

Admi/Service Date: 06/11/23

CPT Code:

Interven Card Brief Proc Note**Procedure Data**

Indications:

03/06/16 12:55 PM ET

Deborah Heart & Lung

→ 12052448029

pg 8 of 31

Sent 06/16/2023 12:55:34, Page ~ 8

Name: Dawara, Imad
 M.I.R.#: M000347675

Dept. 805

POSTEMI**Procedure Details**

Procedure details:

Left: heart cath:

Access: Rt radial

Dominance: right

RCA: Dominant. Mild luminal irregularities.

Left: main: Large caliber vessel. Patent with mild luminal irregularities. Distally bifurcates into 2 major vessels, left circumflex artery and LAD.

Left: circumflex artery: Nondominant. 80% focal mid vessel lesion. Gives rise to 2 major obtuse marginal arteries.

LAD: Proximal patent with mild luminal irregularities. 80% focal mid LAD lesion. Gives rise to 2 major diagonal arteries.

Intervention:

Heparin given and ACT remained therapeutic.

Vessel: mLAD

Guide: EBU 3.5

Wire: 0.014 Runthrough

Pre-dilated: 2.5x15mm compliant

IVUS showed a reference diameter of 3.0mm distally, 3.5mm proximally

Stent: 3.5x20mm Synergy DES

Post-dilated: 3.5x15mm NC

IVUS showed well expanded, apposed stent.

Vessel: LCX

Guide: EBU 3.5

Wire: .014 Runthrough

Pre-dilated: 2.25x15mm compliant

Stent: 2.5x20mm Synergy

Post-dilated: 3.0x8mm NC

IVUS showed well expanded, apposed stent.

TIMI 3 flow in LAD and LCX. No post procedure complications.

Patent hemostasis achieved with TR band.

There were no immediate complications.

Post Procedure

Impressions:

Severe mLAD lesion s/p IVUS guided PCI with DESx1

Severe mLAD lesion s/p IVUS guided PCI with DESx1

Complications (if none, enter "no complications"):

None

Recommendations:

Load with plavix 300mg and continue 75mg daily as patient may have difficulty taking brilinta in prison

CDMT

Echocardiogram

Cardiac rehab

2023-06-16 12:55 PM ET

Deborah Heart & Lung

→ 12052448029

pg 9 of 31

Sent: 06/16/2023 12:55:34, Page - 9

Name: Dawara,Imad
HLR#: M000347675

Dept. 805

Estimated blood loss (mL) - enter 0 if no EBL: 10

Disclaimer

Disclaimer:

Preliminary report only, this report is not final until signed by the Attending Interventionalist.

Dictated By: Mouzamiha Farouqi, MD
e-Signed By: Mouzamiha Farouqi, MD

06/12/23 0739

Dictated Date: 06/11/23

Chest x-ray:

Additional comments:

Patient's Name: Dawara,Imad
HLR#: H030046293

Date of Birth: 10/12/1979
Admit/Service Date: 06/11/23

Ordering Physician: Randall Lewis M.D.

Date of Service: 06/11/23

Procedure(s): XR chest 1V portable

Accession Number(s): G0000949633

Account Number: CH0014929740

CPT Code: 71045

Patient Status: REG ER

PROCEDURE:

XR chest 1V portable

REASON FOR EXAM:

Chest pain.

COMPARISON:

None

TECHNIQUE:

Portable AP view of the chest was obtained at .

FINDINGS:

The lungs are grossly clear without consolidation, mass, pleural effusion or pneumothorax.

The cardiac silhouette or heart is unremarkable in size and contour. No vascular congestion or hilar enlargement is demonstrated.

Bony structures of the chest or thoracic spine are unremarkable. No significant degenerative disc disease.

No significant interval changes from the prior study.

IMPRESSION:

Unremarkable portable chest radiograph. No pulmonary mass, consolidation or pleural effusions.

Transcribed By: Fluency Reports

Dictated By: William W Qiu,MD

Date: 06/12/23

06/16/2023 12:55 PM ET

Deborah Heart & Lung

12052448029

pg 10 of 31

Sent 06/16/2023 12:55:34, Page - 10

Name: Dawara,Imad
MR#: M000347675

Dept. 805

Signed By: William W Qiu,MD

06/12/23 0908

DIS: Summary

Status at Discharge

Cognitive/behavioral status at discharge:

MOX3

Functional status at discharge: Independent ambulation

Overall status at discharge: patient is back to baseline

Smoking Cessation

Time spent discussing smoking cessation with patient: 3 to 10 minutes

Quality Reporting

Quality: VTE

VTE Discharge Instructions: N/A

Quality: PCI Patients

Did patient have a PCI this admission?: Yes

Patient prescribed aspirin?: RX or already taking

Patient prescribed P2Y12 Inhibitor?: RX or already taking

Patient prescribed statin?: RX or already taking

Quality: CABG Patients

Did patient have CABG this admission?: No

Quality: CHF/MI/ICD Patients

LV function (LVEF): unknown (PRELIMINARY READ BY DR MOSHIYAKHOV VERBAL> 50%)

HF/ CAD patients: Betablocker prescribed?: Rx or currently taking

7 Day Follow Up Visit: Documented on chart

Dictated By: Florence Unuigbo, MD

Signed By: Florence Unuigbo, MD

06/13/23 1233

Dictated Date: 06/13/23

© 2013-06-16 12:55 PM ET

Deborah Heart & Lung

→ 12052448029

pg 20 of 31

Sent 06/16/2023 12:55:34, Page - 20

Deborah Heart and Lung Center
 200 Trenton Road
 Browns Mills, N.J. 08015-1799
 (609)893-6611

Dept. 805

DRMN:

Cardiology H&P

Patient's Name: Dawara, Imad
 H.L.R.#: M000347675
 CPT Code:

Date of Birth: 10/12/1979
 Admit/Service Date: 06/11/23

HPI**Site of Service**

Date of Service: 06/11/23

History of Present Illness

History of present illness:

43-year-old incarcerated male with past medical history of multiple kidney stones requiring lithotripsy brought in from prison for episode of left-sided chest pressure this morning. Patient reports that he was at prison speaking to a family member when he became very anxious. He subsequently developed 10/10 left sided sub sternal chest pressure radiating to his shoulders, neck and left arm down to his fingers. Patient states that he was given Tylenol to slightly relieve the chest pressure. He was given 1 dose of sublingual nitroglycerin which improved the chest pressure to a 3/10. In the ER, patient states that he still has substernal left-sided chest pressure rated at 3/10 with some left finger numbness. ECG: Respiratory sinus arrhythmia, early repolarization abnormality

Patient also states that in the past few weeks he has noticed some light dyspnea on exertion. Patient denies any palpitations, paroxysmal nocturnal dyspnea, leg swelling, syncope, fevers, recent infections.

Patient reports that he has no family history of heart attack or sudden cardiac death. Patient was a previous 25-pack-year smoker with extensive hookah smoking history as well. Denies any excessive alcohol use. He is not on any medications currently.

Patient brought up to floor and had recurrent 10/10 chest pressure requiring sublingual nitroglycerin x3 and nitropatch without minimal relief, so also given trial of IV morphine 2mg, followed by 4mg. ECG showed no new changes. However, telemetry showed 19 beats of NSVT. NSTEMI treatment started. Patient loaded with brilinta. Cath consent placed. Serial ecgs and troponins will be ordered. Patient reported persistent chest pain despite medical management so transferred to ICU for initiation of nitroglycerin drip. Troponin 0.07-> 3.05

Exam**Physical**

Height, Weight, BMI, Vital Signs:

General: Uncomfortable appearing, anxious

2023-06-16 12:55 PM ET

Deborah Heart & Lung

→ 12052448029

pg 21 of 31

Sent 06/16/2023 12:55:34, Page - 21

Barne: Dawara,Imad
 E.R.#: M000347675

Dept. 805

PRESENT: NCAT, no JVD
 Cardiac: +S1S2, no murmurs, rubs or gallops
 Chest: No tenderness on palpation of the precordium
 Pulm: CTAB, no wheezes, rhonchi, rales
 GI: soft, NTND, normal bowel sounds
 Skin: warm, dry
 Extremities: no lower extremity edema
 Neuro: AAOx3

JL/P

Assessment and plan

- 1) Elevated troponin I level:
- 2) Left chest pressure:
- 3) NSTEMI (non-ST elevated myocardial infarction):

Plan

NSTEMI

- NPO after midnight
- Asa, brilinta, lopressor
- Monitor on nitroglycerin gtt
- Heparin gtt
- ICU monitoring

Quality Measures

VTE

Contraindication to VTE prophylaxis: N/A
 Documentation of mechanical device: N/A
 Deep vein thrombosis/Pulmonary embolism present on admission: No

Provider Attestation

Attestation

Provider attestation:

Patient was seen and examined by me personally. Fellow's history and physical examination above reviewed. Agree with plan. Briefly patient is a 43-year-old man with past medical history of kidney stones who presented from correctional facility with complaints of chest pain radiating to left shoulder, neck, and left arm. Pain improved with nitroglycerin. Initial twelve-lead electrocardiogram showed normal sinus rhythm with minimal ST changes. Laboratory findings were significant for mildly elevated serum troponin markers. Patient was initially admitted to telemetry floor but had persistent chest discomfort and subsequent serum troponin markers increased to 3.05. Additionally, patient had an episode of ventricular tachycardia. Patient was subsequently transferred to the medical intensive care unit for further management of acute myocardial infarction. He was loaded on dual antiplatelet therapy and IV heparin anticoagulation was initiated. IV nitroglycerin drip is being started for pain management. Bedside transthoracic echocardiographic examination was performed revealing wall motion abnormalities involving the distal septum and the apex. Given patient's persistent chest pain with rising troponin markers, regional wall motion abnormalities on 2D echocardiogram, and electrical instabilities, the decision was made to proceed with emergent cardiac catheterization. The case was discussed with interventional cardiology on-call team and Cath Lab was activated. Further recommendations are to follow.

06/16/2023 12:55 PM ET

Deborah Heart & Lung

→ 12052448029

pg 22 of 31

Sent 06/16/2023 12:55:34, Page - 22

Ref: Dawara,Imad
NLR#: M000347675

Dept. 805

Heart Score Calculator

Heart Score Calculator

Chest Pain: Moderately Suspicious

ECG: Normal

Age: <45

Risk Factors: DM, smoker, HTN, dyslipidemia, fam hx CAD<55: 1-2 Risk Factors (previous smoking history)

Trop Heart Score Calculator: 1-3 x normal

Heart Score Calculator Total Score: 3

Chest Pain Score Value: Low Risk

Dictated By: Mark Moshiyakhov, MD

Reviewed By: Mark Moshiyakhov, MD

Gin Den Chang, DO

Dictated Date: 06/11/23

06/11/23 2319

06/11/23 2248

2023-06-16 12:55 PM ET

Deborah Heart & Lung

→ 12052448029

pg 23 of 31

Sent 06/16/2023 12:55:34, Page - 23

Deborah Heart and Lung Center
200 Trenton Road
Browns Mills, N.J. 08015-1799
(609)893-6611

Dept. 700

DRMN:

Patient's Name: Dawara,Imad
M.R.#: H030046293

Date of Birth: 10/12/1979
Admit/Service Date: 06/11/23

Ordering Physician: Randall Lewis M.D.
Date of Service: 06/11/23
Procedure(s): XR chest 1V portable
Accession Number(s): G0000949633
Account Number: CH0014929740
CPT Code: 71045
Patient Status: REG ER

PROCEDURE:
XR chest 1V portable

REASON FOR EXAM:
Chest pain.

COMPARISON:
None

TECHNIQUE:
Portable AP view of the chest was obtained at .

FINDINGS:
The lungs are grossly clear without consolidation, mass, pleural effusion or pneumothorax.

The cardiac silhouette or heart is unremarkable in size and contour. No vascular congestion or hilar enlargement is demonstrated.

Bony structures of the chest or thoracic spine are unremarkable. No significant degenerative disc disease.

No significant interval changes from the prior study.

IMPRESSION:

🕒 3-06-16 12:55 PM ET

Deborah Heart & Lung

→ 12052448029

pg 24 of 31

Sent 06/16/2023 12:55:34, Page - 24

Name: Dawara,Imad
M.R.#: H030046293

Dept. 700

Unremarkable portable chest radiograph. No pulmonary mass, consolidation or pleural effusions.

Transcribed By: Fluency Reports
Dictated By: William W Qiu,MD

Date: 06/12/23

Signed By: William W Qiu,MD

06/12/23 0908

2023-06-16 12:55 PM ET

Deborah Heart & Lung

→ 12052448029

pg 25 of 31

Sent 06/16/2023 12:55:34, Page - 25

Deborah Heart and Lung Center
200 Trenton Road
Browns Mills, N.J. 08015-1799
(909)893-6611

Dept. 709

DRMN:

Account Number: V00020643284
EIS IN

CPT Code: 93308

TRANSTHORACIC ECHOCARDIOGRAM REPORT

Patient Name: Imad Dawara Date of Exam: 6/11/2023
Medical Rec #: M000347675 Location: MICU
Accession #: G0000949666 BP: 0/0 mmHg
Date of Birth: 10/12/1979 Age: 43 years Gender: O
Height: 0.00 cm Weight: 0.00 kg BSA: 0.00 m2

Indications: NSTEMI Diagnosis:
Sonographer: GC Fellow: Gin Den Chang
Ordering Phys: Gin Den Chang Report CC'd: ,

Im-Mode: 2D: S Doppler: Color Flow:

Key: S = Satisfactory, TL = Technically difficult and sub-optimal images; NP = Not performed

FINDINGS:

Left Ventricle: Normal left ventricular chamber size. Normal left ventricular wall thickness. Hypokinetic distal anteroseptal wall and apex. Normal contractility of the inferolateral wall. The remaining myocardial walls were not visualized. Left ventricular systolic function and ejection fraction cannot be accurately determined, however visually appear preserved.

Left Atrium: Grossly normal-appearing left patient.

Right Ventricle: Grossly normal but poorly visualized right ventricle.

Right Atrium: Right atrium was not visualized.

Aortic Valve: Grossly normal but poorly visualized aortic valve.

Mitral Valve: Grossly normal-appearing mitral valve.

Tricuspid Valve: Tricuspid valve was not visualized.

Pulmonic Valve: Pulmonic valve was not visualized.

Aorta: Grossly normal-appearing aortic root and proximal ascending aorta. The remainder of the aorta was not



2023-06-16 12:55 PM ET

Deborah Heart & Lung

→ 12052448029

pg 26 of 31

Sent 06/16/2023 12:55:34, Page - 26

Name: Dawara, Imad
HLF#: M000347675

Dept. 709

Visualized.

Pulmonary Artery: Pulmonary artery was not visualized.

Pericardium: No pericardial effusion.

CONCLUSIONS:

1. Limited 2D echocardiographic examination performed bedside by on-call cardiology fellow.
2. No ventricular chamber size with normal myocardial wall thickness. Hypokinetic distal anteroseptal wall and the apex. Left ventricular systolic function and ejection fraction cannot be accurately determined secondary to limited views obtained, however visually appear preserved.
3. Grossly normal-appearing left atrium.
4. Grossly normal but poorly visualized right ventricle.
5. Grossly normal-appearing mitral and aortic valves.
6. No pericardial effusion.

Mark Moshiyakhov MD, FACC.

Electronically signed by MOSHIYAKHM Mark Moshiyakhov MD, FACC

Signature Date/Time: 6/13/2023 at 5:54:17 PM

*** Final ***



① 20: 3-06-16 12:55 PM ET

Deborah Heart & Lung

→ 12052448029

pg 27 of 31

Sent 06/16/2023 12:55:34, Page - 27

Deborah Heart and Lung Center
200 Trenton Road
Browns Mills, N.J. 08015-1799
(609)893-6611

Dept. 700C

DRMN:

Patient's Name: DAWARA,IMAD
M.R.#: H030046293

Date of Birth: 10/12/1979
Admit/Service Date: 06/09/22

Ordering Physician: John Lacorazza
Date of Service: 06/10/22
Procedure(s): CT abdomen pelvis wo con
Accession Number(s): G0000772003
Account Number: CH0014511695
CPT Code: 74176
Patient Status: REG ER

PROCEDURE:
CT abdomen pelvis wo con

REASON FOR EXAM:
Flank pain, kidney stone suspected

COMPARISON:
None.

TECHNIQUE:
CT scan of the abdomen and pelvis was performed without. Contiguous axial images were obtained from the lung bases to the symphysis pubis. The reformatted coronal and sagittal post-contrast views of the abdomen and pelvis were also obtained.

FINDINGS:
The lung bases are clear bilaterally. No focal infiltrates, pleural or pericardial effusion is identified. There is no gross hiatal hernia.

The liver is normal in size without focal hepatic lesion. The gallbladder is contracted without radiopaque gallstones. The adrenal glands are normal in size and configuration. The spleen and pancreas are unremarkable.

The kidneys are normal in size, shape, orientation and position bilaterally. A 0.1 cm ureteral calculus is noted in the right distal ureter near the ureterovesical junction or UVJ. There is no

Page: 1 of 2

④ 2023-06-16 12:55 PM ET

Deborah Heart & Lung

→ 12052448029

pg 28 of 31

Sent 06/16/2023 12:55:34, Page - 28

Name: DAWARA,IMAD
M.R.#: H030046293

Dept. 700C

significant right hydronephrosis or hydroureter. Multiple nonobstructing renal calculi are noted in both kidneys, measuring up to 1.2 cm in the right kidney and 0.3 cm in the left kidney. No radiopaque left ureteral calculi are seen. No hydronephrosis is present in the left kidney. The perinephric space and pararenal spaces are unremarkable.

The gastrointestinal tract is grossly unremarkable. There is no evidence of bowel obstruction, diverticulosis or diverticulitis. The appendix is not definitely visualized. However, there is no secondary evidence of inflammatory change to suggest appendicitis.

The abdominal aorta appears normal in caliber and course without aneurysmal dilatation. The inguinal regions appear unremarkable. There is no gross inguinal hernia, hematoma or lymphadenopathy. The retroperitoneal space is unremarkable.

The urinary bladder is mildly contracted. No radiopaque bladder calculi are seen. The wall of the bladder is unremarkable. There are no filling defects or intravesicular lesions. The ureters are not dilated.

No free fluid, focal fluid collection or free air is seen in the abdomen or pelvis. The prostate is not enlarged with calcification.

The visualized osseous structures of the lumbosacral spine and pelvis are unremarkable. There is no compression fracture, expansile or lytic osseous lesion.

IMPRESSION:

1. A 0.1 cm calculus in right distal ureter near the UVJ, and bilateral renal calculi. No significant hydronephrosis and hydroureter.
2. No evidence of bowel obstruction. No free fluid or free air.

The preliminary interpretation was provided by Dr. Chiou, Peter from Virtual Radiologic at 06/10/2022 0230 hours Eastern time and there is no discrepancy with final interpretation.

Transcribed By: Fluency Reports
Dictated By: William W Qiu,MD

Date: 06/10/22

Signed By: William W Qiu,MD

06/10/22 0920

06/16/23 12:55 PM ET

Deborah Heart & Lung

→ 12052448029

pg 29 of 31

Sent 06/16/2023 12:55:34, Page - 29

RUN DATE: 06/14/23
RUN TIME: 0004Deborah Heart and Lung LAB - LIVE
Summary Discharge Report for LIS ELR

PAGE 1

LOCATION

PATIENT: Dawara, Imad	ACCT: V00020643284	LOC: INT	U: M000347675
REG DR: Florence Unuigbo, MD	AGE/SEX: 43/M	ROOM: 3436	REG: 06/11/23
	STATUS: DIS IN	BED: A	DIS: 06/13/23

Test	Day	Date	Time	Result	Reference	Units
=> WBC	2	JUN 12	0339	9.9	(4.8-10.8)	10E3/uL
=> WBC	3	JUN 13	0600	8.5	(4.8-10.8)	10E3/uL
=> RBC	2	JUN 12	0339	4.56 L	(4.60-6.20)	10E6/uL
=> RBC	3	JUN 13	0600	4.84	(4.60-6.20)	10E6/uL
=> HGB	2	JUN 12	0339	14.0	(13.6-18.0)	g/dL
=> HGB	3	JUN 13	0600	14.5	(13.6-18.0)	g/dL
=> HCT	2	JUN 12	0339	39.8 L	(42.0-52.0)	%
=> HCT	3	JUN 13	0600	42.1	(42.0-52.0)	%
=> MCV	2	JUN 12	0339	86.9	(90.0-94.0)	fL
=> MCV	3	JUN 13	0600	87.0	(90.0-94.0)	fL
=> MCH	2	JUN 12	0339	30.6	(27.0-31.0)	pg
=> MCH	3	JUN 13	0600	30.1	(27.0-31.0)	pg
=> MCHC	2	JUN 12	0339	35.2	(33.0-37.0)	g/dL
=> MCHC	3	JUN 13	0600	34.6	(33.0-37.0)	g/dL
=> RDW	2	JUN 12	0339	13.0	(11.4-14.5)	%
=> RDW	3	JUN 13	0600	12.9	(11.4-14.5)	%
=> Plt	2	JUN 12	0339	211	(150-450)	10E3/uL
=> Plt	3	JUN 13	0600	210	(150-450)	10E3/uL
=> MPV	2	JUN 12	0339	7.9	(7.4-10.4)	fL
=> MPV	3	JUN 13	0600	8.1	(7.4-10.4)	fL
=> Neut % (Auto)	2	JUN 12	0339	68.7	(42.2-75.2)	%
=> Neut % (Auto)	3	JUN 13	0600	60.8	(42.2-75.2)	%
=> Lymph % (Auto)	2	JUN 12	0339	21.6	(20.5-51.1)	%
=> Lymph % (Auto)	3	JUN 13	0600	27.0	(20.5-51.1)	%
=> Mono % (Auto)	2	JUN 12	0339	8.6	(1.7-9.3)	%
=> Mono % (Auto)	3	JUN 13	0600	10.1 H	(1.7-9.3)	%
=> Eos % (Auto)	2	JUN 12	0339	0.7	(0-7)	%
=> Eos % (Auto)	3	JUN 13	0600	1.7	(0-7)	%
=> Baso % (Auto)	2	JUN 12	0339	0.4	(0-2)	%
=> Baso % (Auto)	3	JUN 13	0600	0.4	(0-2)	%
=> Neut # (Auto)	2	JUN 12	0339	6.8	(1.5-8.0)	10E3/uL
=> Neut # (Auto)	3	JUN 13	0600	5.2	(1.5-8.0)	10E3/uL
=> Lymph # (Auto)	2	JUN 12	0339	2.1	(1.5-6.8)	10E3/uL
=> Lymph # (Auto)	3	JUN 13	0600	2.3	(1.5-6.8)	10E3/uL
=> Mono # (Auto)	2	JUN 12	0339	0.6 H	(0.1-0.6)	10E3/uL
=> Mono # (Auto)	3	JUN 13	0600	0.9 H	(0.1-0.6)	10E3/uL
=> Eos # (Auto)	2	JUN 12	0339	0.1	(0.0-0.7)	10E3/uL
=> Eos # (Auto)	3	JUN 13	0600	0.1	(0.0-0.7)	10E3/uL
=> Baso # (Auto)	2	JUN 12	0339	0.0	(0-0.2)	10E3/uL
=> Baso # (Auto)	3	JUN 13	0600	0.0	(0-0.2)	10E3/uL
=> NRBC	2	JUN 12	0339	0	(0-0)	/100 WBC
=> NRBC	3	JUN 13	0600	0	(0-0)	/100 WBC
=> PT	2	JUN 12	2134	13.0 H	(9.4-12.5)	seconds
=> INR	2	JUN 12	2134	1.16 H	(0.85-1.10)	
=> PTT	1	JUN 11	2059	29.9	(25.2-36.5)	seconds

Patient: Dawara, Imad

Age/Sex: 43/M

AcctV00020643284 UnitM000347675

06/16/23 12:55 PM ET

Deborah Heart & Lung

→ 12052448029

pg 30 of 31

Sent 06/16/2023 12:55:34, Page - 30

RUN DATE: 06/14/23
RUN TIME: 0004Deborah Heart and Lung LAB - LIVE
Summary Discharge Report for LIS ELR

PAGE 2

LOCATION

Patient: Dawara, Imad		V00020643284		(Continued)		
Test	Day	Date	Time	Result	Reference	Units
=> PTT	2	JUN 12	0339	>150.0(a) #H*	(25.2-36.5)	seconds
=> PTT	3	JUN 13	0600	29.4	(25.2-36.5)	seconds
=> ACT	2	JUN 12	0041	220(b) H	(82-152)	Seconds
=> ACT	2	JUN 12	0055	341(b) H	(82-152)	Seconds
=> ACT	2	JUN 12	0124	>1000(b) H	(82-152)	Seconds
=> MRSA Screen	1	JUN 11	1928	(c)	(Negative)	
=> Rapid CoVID Ag	1	JUN 11	1928	(d)	(Negative)	
=> Glucose	2	JUN 12	0339	104	(74-106)	mg/dL
=> Glucose	3	JUN 13	0600	87	(74-106)	mg/dL
=> BUN	2	JUN 12	0339	15	(7-26)	mg/dL
=> BUN	3	JUN 13	0600	14	(7-26)	mg/dL
=> Creat	2	JUN 12	0339	0.9	(0.7-1.2)	mg/dL
=> Creat	3	JUN 13	0600	0.9	(0.7-1.2)	mg/dL
=> EGFR	2	JUN 12	0339	>60(f)	(> OR =60)	(NOTE)
=> EGFR	3	JUN 13	0600	>60(f)	(> OR =60)	(NOTE)
=> BUN/Creat Ratio	2	JUN 12	0339	17.8	(10.0-20.0)	Ratio
=> BUN/Creat Ratio	3	JUN 13	0600	15.6	(10.0-20.0)	Ratio
=> Sodium	2	JUN 12	0339	137	(136-144)	mmol/L
=> Sodium	3	JUN 13	0600	139	(136-144)	mmol/L
<p>NOTES: (a) Results called to and read back by SMITH TAYLOR at 0619 on 06/12/23. Called by Devang Dave.</p> <p>(b) The iSTAT ACTk cartridges have not been validated for use in monitoring patients that are on Angionax (bivalirudin). Results should be correlated to other clinical indicators, and interpreted with discretion</p> <p>(c) Negative No MRSA DNA detected; MRSA nasal colonization unlikely.</p> <p>(d) Negative See also (e)</p> <p>(e) Test performed using the Abbott Binax Now Rapid CoVID-19 test. Positive results are indicative of the presence of SARS-CoV and/or SARS-CoV-2; clinical correlation with patient history and other diagnostic information is necessary to determine patient infection status. Positive results do not rule out bacterial infection or co-infection with other viruses. Negative results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information. This test has been authorized by the FDA under an Emergency Use Authorization (EUA) for use by authorized laboratories. Please review the "Fact Sheets" for health care providers and patients.</p> <p>(f) eGFR units: mL/min/1.73 meters squared CKD-EPI creatinine equation (2009)</p>						
Patient: Dawara, Imad		Age/Sex: 43/M		AcctV00020643284 UnitM000347675		

① 2023-06-16 12:55 PM ET

Deborah Heart & Lung

→ 12052448029

pg 31 of 31

Sent 06/16/2023 12:55:34, Page - 31

RUN DATE: 06/14/23
RUN TIME: 0004Deborah Heart and Lung LAB - LIVE
Summary Discharge Report for LIS ELR

PAGE 3

LOCATION

Patient: Dawara, Imad				V00020643284		(Continued)
Test	Day	Date	Time	Result	Reference	Units
=> Potassium	2	JUN 12	0339	4.4	(3.6-5.1)	mmol/L
=> Potassium	3	JUN 13	0600	3.7	(3.6-5.1)	mmol/L
=> Chloride	2	JUN 12	0339	110	(100-111)	mmol/L
=> Chloride	3	JUN 13	0600	106	(100-111)	mmol/L
=> CO2	2	JUN 12	0339	23	(22-32)	mmol/L
=> CO2	3	JUN 13	0600	26	(22-32)	mmol/L
=> Gap	2	JUN 12	0339	4.0 L	(5.0-19.0)	
=> Gap	3	JUN 13	0600	7.0	(5.0-19.0)	
=> Calcium	2	JUN 12	0339	8.5 L	(8.9-10.3)	ng/dL
=> Calcium	3	JUN 13	0600	8.7 L	(8.9-10.3)	ng/dL
=> MG	2	JUN 12	0339	2.3	(1.7-2.5)	ng/dL
=> MG	3	JUN 13	0600	1.8	(1.7-2.5)	ng/dL
=> HGB A1C	2	JUN 12	0339	5.8	(4.0-6.0)	%
=> Troponin I	1	JUN 11	2059	3.05(g) H	(<0.03)	ng/mL
=> Troponin I	2	JUN 12	0339	6.78(I) H	(<0.03)	ng/mL
=> Troponin I	2	JUN 12	1010	6.75(j) H	(<0.03)	ng/mL
=> TSH	1	JUN 11	2059	3.44	(0.45-5.33)	uIU/mL
<p>NOTES: (g) Results called to and read back by DR CHANG at 2202 on 06/11/23. Called by Kimberly Heinz, MLT. See also (h)</p> <p>(h) <0.03 ng/mL = not associated with myocardial damage 0.03-0.5 ng/mL = high >0.5 ng/mL = critical high</p> <p>Elevated cardiac troponin I (cTn-I) may be an indicator of ischemic myocardial damage. Non-acute coronary syndromes such as myocarditis, or other syndromes such as renal failure, pulmonary embolus, pneumonia, sepsis, stroke or skeletal muscle damage may also cause elevated cTn-I.</p> <p>An elevated cTn-I level alone is not sufficient to make a diagnosis of acute MI. cTn-I values must be used in conjunction with the patient's clinical findings. In accord with published recommendations, serial testing of cTn-I at baseline, 3-6 hours and 6-8 hours, for up to 12-24 hours, is recommended to corroborate a single cTn-I result.</p> <p>(i) Results called to and read back by STEPHANIE CINEUS RN at 0455 on 06/12/23. Called by Frank M Matyjasik. See also (h)</p> <p>(j) Results called to and read back by DIVYA SOMA at 1059 on 06/12/23. Called by Erin Delaney, MLT. See also (h)</p>						
Patient: Dawara, Imad				Age/Sex: 43/M		AcctV00020643284 UnitM000347675

Fax Server

6/12/2023 2:18:51 PM PAGE 2/016 Fax Server

DHL

200 Trenton Rd
Browns Mills, NJ 080151705

(609)735-2950

AD # 69939-066

Patient Information

Patient Name: DAWARA, IMAD Sex: Male
 Home Address: 5756 HARTFORD ST AND POINTSVILLE RD DOB: 10/12/1979
 FORT DIX, NJ 08640 Age: 43 Years
 Home Phone: (609)723-1100 Religion: None/No Preference
 Employer Name: Not Employed SSN:
 Employer Phone:

Guarantor Information

Guarantor Name: IMAD DAWARA Sex: Male
 Patient's Reltn: Self DOB:
 Billing Address: 5756 HARTFORD ST AND POINTSVILLE R Age: 43 Years
 FORT DIX, NJ 08640 SSN:
 Billing Phone: (609)723-1100
 Employer Name: Not Employed
 Employer Phone:

Contact Information

Emergency Contact Next of Kin
 Contact Name: NONE NONE Contact Name:
 Patient's Reltn: Other Patient's Reltn:
 Sex: Sex:
 Home Phone: Home Phone:

Primary Insurance

Subscriber Name: DAWARA, IMAD Insurance Name: FORT DIX INMATES
 Patient's Reltn: Self Claim Address:
 Sex: Male
 DOB: Insurance Phone:
 Age: 43 Years Policy Number: 69939066
 Employer Name: Not Employed Group Number:
 Employer Phone: Authorization Number:
 Financial Class: Commercial Authorization Phone:
 Authorization Contact:

Secondary Insurance

Subscriber Name: Insurance Name:
 Patient's Reltn: Claim Address:
 Sex: Insurance Phone:
 DOB: Policy Number:
 Age: Group Number:
 Employer Name: Authorization Number:
 Employer Phone: Authorization Phone:
 Financial Class: Authorization Contact:

Encounter Information

Reg Dt/Tm: 06/11/2023 16:49 Patient Type: Emergency Admit Type: Emergency
 Est Dt of Arrival: Medical Service: Emergency Medicin Admit Source: Self (Non-HC Facilit
 Inpt Adm Dt/Tm: Location: DHL ED Advance Directive:
 Disch Dt/Tm: 06/11/2023 18:50 Room/Bed: Wtng/ED / A Reg Clerk: Carmen Gonzalez
 Observation Dt/Tm: Isolation: Admit Physician:
 VIP Indicator: Disease Alert: Attend Physician: Randall Lewis
 Admit Reason: CHEST PAIN PCP:

DAWARA, IMAD
 Male / 43 Years
 MRN: HHD030046293

FIN: CHS014929740

Fax Server

6/12/2023 2:18:51 PM PAGE 3/016 Fax Server



Capital Health at Deborah - Emergency Services

Patient: DAWARA, IMAD
 MRN: HHD030046293
 FIN: CHS014929740
 DOB/Age/Sex: 10/12/1979 43 years Male
 Location: DHL ED; Wtng/ED; A

Admit: 6/11/2023
 Disch: 6/11/2023
 Admitting:
 Attending: Lewis MD,Randall C

ED Triage Notes

Document Type: ED Triage Part 1 - Adult - Text
 Service Date/Time: 6/11/2023 16:52 EDT
 Result Status: Auth (Verified)

ED Triage Part 1 - Adult Entered On: 06/11/2023 16:55 EDT
 Performed On: 06/11/2023 16:52 EDT by Wills RN, Kaitlyn

ED Triage

Chief Complaint: BIB EMS for chest pain under the left side of his chest that began when he was watching Tv. +Dizziness.
 denies nausea, vomiting, or diarrhea. pain worsens with movement.
 Mode of Arrival: Ground ambulance
 Infectious Disease Documentation: Document assessment

Wills RN, Kaitlyn - 06/11/2023 16:52 EDT
 (As Of: 06/11/2023 16:55:24 EDT)

Allergies (Active)

Ancef
 Estimated Onset Date: Unspecified; Created By: Peters RN,
 Martha; Reaction Status: Active; Category: Drug; Substance:
 Ancef; Type: Allergy; Severity: Moderate; Updated By:
 Peters RN, Martha; Reviewed Date: 06/09/2022 23:59 EDT

ED Document Triage Assessment: Document triage assessment

Wills RN, Kaitlyn - 06/11/2023 16:52 EDT
 (As Of: 06/11/2023 16:55:24 EDT)

Problems(Active)

Anxiety (SNOMED CT
 :81133019)

Name of Problem: Anxiety; Recorder: Wills RN, Kaitlyn;
 Confirmation: Confirmed; Classification: Patient Stated;
 Code: 81133019; Contributor System: PowerChart; Last
 Updated: 06/11/2023 16:53 EDT; Life Cycle Date:
 06/11/2023; Life Cycle Status: Active; Vocabulary: SNOMED
 CT

Dizziness (SNOMED CT
 :2156535017)

Name of Problem: Dizziness; Recorder: Wills RN, Kaitlyn;
 Confirmation: Confirmed; Classification: Patient Stated;
 Code: 2156535017; Contributor System: PowerChart; Last
 Updated: 06/11/2023 16:53 EDT; Life Cycle Date:
 06/11/2023; Life Cycle Status: Active; Vocabulary: SNOMED
 CT

Hypothyroidism (SNOMED CT
 :68268011)

Name of Problem: Hypothyroidism; Recorder: Wills RN,
 Kaitlyn; Confirmation: Confirmed; Classification: Patient

Fax Server

6/12/2023 2:18:51 PM PAGE 4/016 Fax Server

Capital Health at Deborah - Emergency Services

Patient Name: DAWARA, IMAD
 DOB: 10/12/1979

FIN: CHS014929740
 Attending: Lewis MD,Randall C

ED Triage Notes

Stated ; Code: 68268011 ; Contributor System: PowerChart ;
 Last Updated: 06/11/2023 16:53 EDT ; Life Cycle Date:
 06/11/2023 ; Life Cycle Status: Active ; Vocabulary: SNOMED
 CT

Diagnoses(Active)

Chest pain

Date: 06/11/2023 ; Diagnosis Type: Reason For Visit ;
 Confirmation: Complaint of ; Clinical Dx: Chest pain ;
 Classification: Nursing ; Clinical Service: Non-Specified ;
 Code: PNED ; Probability: 0 ; Diagnosis Code:
 8E095FBB-BBCA-40DB-90A7-E99D6615CA20

Is the patient able to answer BH Concerns questions appropriately : Yes

Little interest or pleasure in doing things in last 2 weeks : Not at all

Feeling down, depressed, or hopeless in last 2 weeks : Not at all

Patient Health Questionnaire 2 item total score : 0 Score

Temperature Oral : 36.9 degC(Converted to: 98.4 degF)

Systolic : 108 mmHg

Diastolic : 76 mmHg

MAP : 86 mmHg

Preferred Spoken Language : English

ED Isolation Status : N/A

Peripheral Pulse Rate : 65 bpm

Respiratory Rate : 21 br/min (HI)

SpO2 : 99 %

O2 Therapy : Room air

Pain Present : No actual or suspected pain

Able to obtain weight at this time : Yes

Wills RN, Kaitlyn - 06/11/2023 16:52 EDT

DGP GENERIC CODE

Tracking Acuity : 3 - Urgent

Tracking Group : ED Deborah Tracking Group

Wills RN, Kaitlyn - 06/11/2023 16:52 EDT

Triage Disposition : Taken to exam area

Weight Measured : 96.3 kg(Converted to: 212 lb 5 oz)

Provider Notified : Lewis MD, Randall C

Wills RN, Kaitlyn - 06/11/2023 16:52 EDT

Assessment

Level of Consciousness : Alert

Orientation : Oriented x3

ED ID Band in Place : Yes

Work of Breathing : Unlabored

Respiratory Pattern Details : Eupnea

Skin Color General : Normal

Skin Temperature : Warm

Skin Description : Dry

Wills RN, Kaitlyn - 06/11/2023 16:52 EDT

ID Risk Screen

Fax Server

6/12/2023 2:18:51 PM PAGE 5/016 Fax Server

Capital Health at Deborah - Emergency Services

Patient Name: DAWARA, IMAD
 DOB: 10/12/1979

FIN: CHS014929740
 Attending: Lewis MD,Randall C

ED Triage Notes

Recent Travel History : No recent travel
 Family Member/
 Household/Contact Travel History : No recent travel
 Have you been tested for Covid-19? : No
 Have you received the Covid-19 Vaccine? : No
 Are you interested in receiving the Covid-19 vaccine during this visit? (18 years and older) : No
 ED Covid Booster Status : No
 ED Covid Booster Interest : No

Wills RN, Kaitlyn - 06/11/2023 16:52 EDT

ED EMS/Police Log

ED BLS EMS DEB Top : McGuire/Ft Dix EMS

Wills RN, Kaitlyn - 06/11/2023 16:52 EDT

Document Type:
 Service Date/Time:
 Result Status:

ED Triage Part 2 - Adult - Text
 6/11/2023 16:55 EDT
 Auth (Verified)

ED Triage Part 2 - Adult Entered On: 06/11/2023 16:58 EDT
 Performed On: 06/11/2023 16:55 EDT by Wills RN, Kaitlyn

General Information

Advance Directive : No
 Reason Unable to Obtain Current Visit Information : None

Wills RN, Kaitlyn - 06/11/2023 16:55 EDT

Medication List

(As Of: 06/11/2023 16:58:11 EDT)

Home Meds

tamsulosin : tamsulosin ; Status: Documented ; Ordered As Mnemonic:
 tamsulosin 0.4 mg oral capsule ; Simple Display Line: 0
 Refill(s) ; Catalog Code: tamsulosin ; Order Dt/Tm:
 06/11/2023 16:58:05 EDT

DULoxetine : DULoxetine ; Status: Documented ; Ordered As Mnemonic:
 DULoxetine 30 mg oral delayed release capsule ; Simple
 Display Line: 0 Refill(s) ; Catalog Code: DULoxetine ; Order
 Dt/Tm: 06/11/2023 16:57:31 EDT

mirtazapine : mirtazapine ; Status: Documented ; Ordered As Mnemonic:
 mirtazapine 15 mg oral tablet ; Simple Display Line: 0 Refill(s)
 ; Catalog Code: mirtazapine ; Order Dt/Tm: 06/11/2023
 16:57:46 EDT

Falls Risk : Not a fall risk
 Domestic Concerns : None

Fax Server

6/12/2023 2:18:51 PM PAGE 6/016 Fax Server

Capital Health at Deborah - Emergency Services

Patient Name: DAWARA, IMAD
 DOB: 10/12/1979

FIN: CHS014929740
 Attending: Lewis MD,Randall C

ED Triage Notes

Immunizations Current : Unknown
 Last Tetanus : Unknown
 Social History : Document Social History with Smoking
 Pre-arrival Interventions : Yes
 Pregnancy Status : N/A
 Menstrual History : N/A
 Triage Interventions : Document triage interventions
 Procedure History : Document procedure history

Wills RN, Kaitlyn - 06/11/2023 16:55 EDT

Social History**Social History**

(As Of: 06/11/2023 16:58:11 EDT)

Tobacco:

Smoking tobacco use: Never (less than 100 in lifetime). (Last
 Updated: 06/11/2023 16:55:36 EDT by Wills RN, Kaitlyn)

Electronic Cigarette/Vaping:

Electronic Cigarette Use: Never. (Last Updated: 06/11/2023
 16:55:37 EDT by Wills RN, Kaitlyn)

Alcohol:

Use: Never. (Last Updated: 06/11/2023 16:55:39 EDT by Wills
 RN, Kaitlyn)

Substance Use:

Use: Never. (Last Updated: 06/11/2023 16:55:40 EDT by Wills
 RN, Kaitlyn)

Pre-Arrival Interventions

ED Prior To Arrival Medications : ASA 81mg x 4, NTG SL x 1

Wills RN, Kaitlyn - 06/11/2023 16:55 EDT

Triage Interventions

Triage Interventions : Other: vitals obtained, ekg obtained. md at bedside.
 Triage Disposition : Taken to exam area

Wills RN, Kaitlyn - 06/11/2023 16:55 EDT

Procedure History**Procedure History**

(As Of: 06/11/2023 16:58:11 EDT)

Anesthesia Minutes: 0 ; Procedure Name: None ; Procedure
 Minutes: 0 ; Last Reviewed Dt/Tm: 06/11/2023 16:56:13 EDT

Fax Server

6/12/2023 2:18:51 PM PAGE 7/016 Fax Server

Capital Health at Deborah - Emergency Services

Patient Name: DAWARA, IMAD
DOB: 10/12/1979

FIN: CHS014929740
Attending: Lewis MD, Randall C

ED Disposition Documentation

Document Type: ED Disposition Documentation - Text
Service Date/Time: 6/11/2023 18:50 EDT
Result Status: Auth (Verified)

ED Disposition Documentation Entered On: 06/11/2023 19:01 EDT
Performed On: 06/11/2023 18:50 EDT by McCloud RN, Brittney

Disposition Documentation

Trauma Team Response : No Trauma Team Response
Disposition : Transfer to Acute Care Facility
ED Transfer Documentation Conditional : Open transfer documentation

McCloud RN, Brittney - 06/11/2023 19:00 EDT

Transfer

Reason for Transfer : Requires higher level of care
Transfer Requirements Met : Patient has received a medical screening, Patient will be transferred by qualified personnel and transportation equipment as required, including the use of necessary appropriate life support measures, Receiving facility has agreed to accept transfer and to provide appropriate medical treatments, Receiving facility has available space and qualified personnel for the treatment of the patient, Risks and benefits of transfer explained to patient
Date/Time Transfer Accepted : 06/11/2023 18:41 EDT
Accepting Physician : Poulathas
Date/Time Physician Accepted Patient : 06/11/2023 18:41 EDT
ED Transfer To Locations Master List : Deborah Heart & Lung Center
Nurse Receiving Report : Kim Walden RN
Date/Time Nurse Received Report : 06/11/2023 18:41 EDT
Data Sent with Patient : Chart copy, Demographic sheet, X-ray reports/Copies, Other: entala
Accompanied by : Nurse

McCloud RN, Brittney - 06/11/2023 19:00 EDT

Document Type: ED Disposition Documentation - Text
Service Date/Time: 6/11/2023 18:38 EDT
Result Status: Auth (Verified)

ED Disposition Documentation Entered On: 06/11/2023 18:38 EDT
Performed On: 06/11/2023 18:38 EDT by Wills RN, Kaitlyn

Disposition Documentation

Trauma Team Response : No Trauma Team Response
Procedural Sedation : No
Disposition : Transfer to Acute Care Facility
ED Transfer Documentation Conditional : Open transfer documentation

Wills RN, Kaitlyn - 06/11/2023 18:38 EDT

Transfer

Reason for Transfer : Requires higher level of care

Fax Server

6/12/2023 2:18:51 PM PAGE 8/016 Fax Server

Capital Health at Deborah - Emergency Services

Patient Name: DAWARA, IMAD
DOB: 10/12/1979

FIN: CHS014929740
Attending: Lewis MD, Randall C

ED Disposition Documentation

Transfer Requirements Met : Patient has received a medical screening. Patient will be transferred by qualified personnel and transportation equipment as required, including the use of necessary appropriate life support measures, Receiving facility has agreed to accept transfer and to provide appropriate medical treatments, Receiving facility has available space and qualified personnel for the treatment of the patient, Risks and benefits of transfer explained to patient, Risks and benefits of transfer explained to legal representative

Date/Time Transfer Accepted : 06/11/2023 18:10 EDT

Accepting Physician : Dr. Poulathas

Date/Time Physician Accepted Patient : 06/11/2023 18:10 EDT

ED Transfer To Locations Master List : Deborah Heart & Lung Center

Nurse Receiving Report : Kim Walden, RN

Date/Time Nurse Received Report : 06/11/2023 18:38 EDT

Data Sent with Patient : Chart copy, Demographic sheet, EKG copy, Lab results, X-ray reports/Copies

Accompanied by : Nurse

Wills RN, Kaitlyn - 06/11/2023 18:38 EDT

ED Note Physician

Document Type:
Service Date/Time:
Result Status:

ED Note Physician
6/11/2023 17:02 EDT
Auth (Verified)

Basic Information

Time Seen:
Lewis MD, Randall C / 06/11/2023 16:53

Chief Complaint

HE: EMS for chest pain under the left side of his chest that began when he was watching TV. +Dizziness, denies nausea, vomiting, or diarrhea. pain worsens with movement.

History of Present Illness**GENERAL MEDICAL LS**

HISTORY OF PRESENT ILLNESS: Patient is a 43 Years old Male who that he was watching TV this afternoon when he started having pain in the left side of his chest. The pain is a sharp pain that starts in the left lateral chest and radiates to the sternum. The patient states it was 7 out of 10. The patient states the pain is made worse with movement. The patient also states that history of anxiety has been very anxious. The patient denies jaw pain. Patient denies associated nausea vomiting or diaphoresis. Patient denies feeling short of breath. Patient Nuys cough or congestion.

REVIEW OF SYSTEMS: Other than the symptoms associated with the present events, the following is reported with regard to recent health: General: (-) fever. HEENT: (-) congestion. Respiratory: (-) cough. Cardiovascular: (+) moderate chest pain. GI: (-) abdominal pain. GU: (-) urinary complaints. Musculoskeletal: (-) other aches or pains. Endocrine: (-) generalized weakness. Neurological (-) localized weakness. Psychiatric: (-) emotional stress.

PHYSICAL EXAMINATION:

GENERALIZED APPEARANCE: The patient appears anxious and uncomfortable.
SKIN: Warm, dry; (-) cyanosis; (-) rash.
HEAD: (-) scalp swelling, (-) tenderness.
EYES: (-) conjunctival pallor, (-) scleral icterus.

Problem List/Past Medical History**Ongoing**

Anxiety
Dizziness
Hypothyroidism

Historical

No qualifying data

Procedure/Surgical History

None

Allergies

Ancef

Social History**Alcohol**

Use: Never, 06/11/2023

Electronic Cigarette/Vaping

Electronic Cigarette Use: Never, 06/11/2023

Substance Use

Use: Never, 06/11/2023

Tobacco

Smoking tobacco use: Never (less than 100 in lifetime), 06/11/2023

Family History

The family history is noncontributory

Lab Results

CBC and Differential	LATEST RESULTS	HISTORICAL RESULTS
-------------------------	----------------	-----------------------

Fax Server

8/12/2023 2:18:51 PM PAGE 9/016 Fax Server

Capital Health at Deborah - Emergency Services

Patient Name: DAWARA, IMAD

FIN: CHS014929740

DOB: 10/12/1979

Attending: Lewis MD, Randall C

ED Note Physician

HEENT: Pharynx: (-) erythema; airway patent: (-) stridor; mucous membranes moist.
 LYMPHATIC/NECK: (-) tenderness, (-) stiffness, (-) lymphadenopathy, (-) thyromegaly.
 CHEST AND RESPIRATORY: (-) rales, (-) rhonchi, (-) wheezes; breath sounds equal bilaterally.
 HEART AND CARDIOVASCULAR: (-) irregularity; (-) murmur, (-) gallop.
 ABDOMEN AND GI: Soft; (-) tenderness, (-) guarding, (-) rebound, (-) palpable masses, (-) CVA tenderness.
 MUSCULOSKELETAL/EXTREMITIES: (-) joint swelling, (-) deformity, (-) edema, (-) calf tenderness, (+) distal pulses (+) symmetric.
 NEURO AND PSYCH: Alert, oriented, normal strength. Sensation grossly intact. Moving all extremities.

The diagnostic results contained in this document reflect the information available to the physician at the time of the patient encounter.
 Final results, when completed, will be found in the patient's permanent hospital medical chart.

DIAGNOSTICS:

EKG is sinus arrhythmia, early repolarization changes
 Pulse ox: 99% on RA_ indicating adequate oxygenation

EMERGENCY DEPARTMENT COURSE AND TREATMENT: Patient's condition remained stable during Emergency Department evaluation. Decision made to obtain prior medical records.

Orders written. Patient treated with p.o. aspirin was given by the EMS.

After the evaluation in the Emergency Department, my clinical impression is elevated troponin and chest pain.

TRANSFER - Based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of medical treatment at Deborah outweigh the increased risk to the patient for transfer from this facility because elevated troponin and chest pain. I have described the inherent risks and benefits of the transfer to the patient, and patient agrees to transfer. I have spoken to Dr. Polouthus who has agreed to accept transfer of the patient and provide further medical treatment at the receiving facility. At the time of transfer, copies of all medical records sent which related to the emergency condition for which the individual presented. These records include observations of signs or symptoms, preliminary clinical impression, treatment provided, results of any completed test and an informed written consent to the transfer.

Physical Exam

Vitals & Measurements

T: 36.9 °C (Oral) HR: 65 (Peripheral) RR: 21 BP: 108/76 SpO2: 99%
 Wt: 96.300 kg HT: 96.3 kg

WBC	12.1	7.4 10E3/uL
RBC	5.22	4.65
Hgb	15.7	13.9
Hct	45.0 %	38.5 % Low
MCV	86.3 fL	87.5 fL
MCH	30.1 pg	29.9 pg
MCHC	34.9	34.1
RDW-CV	12.8 %	12.8 %
MPV	7.9 fL	7.7 fL
Platelets	231	201 10E3/uL
Neutro Auto	74.0 %	35.3 % Low
Lymph Auto	17.0 %	45.9 %
Mono Auto	8.1 %	11.0 % High
Eos, Auto	0.5 %	3.8 %
Basophil Auto	0.4 %	0.8 %
Neutro Abs Manual (ANC)	8.9	2.8
Lymph Abs Manual	2.0 10E3/uL	3.4 10E3/uL
Mono Abs Manual	1.6 10E3/uL	0.8 10E3/uL
Eos Abs Manual	0.1 10E3/uL	0.3 10E3/uL
Baso Abs Manual	0.1 10E3/uL	0.1 10E3/uL
NRBC Abs Auto	0	0

Fax Server

6/12/2023 2:18:51 PM PAGE 10/016 Fax Server

Capital Health at Deborah - Emergency Services

Patient Name: DAWARA, IMAD
DOB: 10/12/1979

FIN: CHS014929740
Attending: Lewis MD,Randall C

ED Note Physician**Assessment/Plan**

1. Angina at rest

Follow Up

No qualifying data available

Medication Reconciliation**Unchanged**

DULoxetine (DULoxetine 30 mg oral delayed release capsule)
mirtazapine (mirtazapine 15 mg oral tablet)
tamsulosin (tamsulosin 0.4 mg oral capsule)

Coagulation	LATEST RESULTS	
Prothrombin Time	PT/INR	12.4 seconds
INR	PT/INR	1.11 High
D Dimer, (Quant.)	DDimer	<500.00 ng/mL

Routine Chemistry	LATEST RESULTS		HISTORICAL RESULTS
Sodium Level	136 mmol/L	136 mmol/L	139 mmol/L
Potassium Level	3.6 mmol/L	3.6 mmol/L	3.6 mmol/L
Chloride Level	105 mmol/L	105 mmol/L	105 mmol/L
CO2	24 mmol/L	24 mmol/L	23 mmol/L
Glucose Level	105 mg/dL	105 mg/dL	107 mg/dL
BUN	16 mg/dL	16 mg/dL	14 mg/dL
Creatinine	1.1 mg/dL	1.1 mg/dL	0.9 mg/dL
Calcium Level Total	9.1 mg/dL	9.1 mg/dL	9.0 mg/dL
Protein Total	7.6 g/dL	7.6 g/dL	7.0 g/dL
Albumin Level	4.0 g/dL	4.0 g/dL	3.6 g/dL
Bilirubin Total	1.6 mg/dL	1.6 mg/dL	1.0 mg/dL
Alkaline Phosphatase	46	46	40
AST	21	21	17
ALT	23	23	18 Low
Estimated Glomerular Filtration Rate	>50	>50	>50
Anion Gap	7.0	7.0	11.0
Magnesium Level	1.7 mg/dL	1.7 mg/dL	

Fax Server

6/12/2023 2:18:51 PM PAGE 11/016 Fax Server

Capital Health at Deborah - Emergency Services

Patient Name: DAWARA, IMAD
 DOB: 10/12/1979

FIN: CHS014929740
 Attending: Lewis MD, Randall C

ED Note Physician

BUN/Creatinine Ratio	14.5	15.6
Globulin	3.6 g/dL	3.4 g/dL

Cardiac Isoenzymes	LATEST RESULTS
Troponin-I	0.07 ng/mL High
B-Type Natriuretic Peptide	13 pg/mL

Diagnostic Results

No qualifying data available.

Electronically Signed on 06/11/23 06:29 PM

Lewis MD, Randall C

Cardiology Procedures

Document Type:	ECG ROUTINE
Service Date/Time:	6/11/2023 16:55 EDT
Result Status:	Auth (Verified)
Document Subject:	ECG 12 lead EKG
Sign Information:	

ECG 12 lead EKG

Capital Health at Deborah Heart and Lung Center
 100 Trenton Road
 Browns Mills, N.J. 08015-1799
 (609) 893-6611

Dept. 709

[rep ct ivnm suf]
 [rep ct add1]
 [rep ct add2]
 [rep ct add3]

DRMN: [rep ct mne]

Patient's Name: Dawara, Imad
 DOB: 10/12/1979
 A.R.#: H030046293

Date of Birth:

Date: 06/11/23

Fax Server

6/12/2023 2:18:51 PM PAGE 12/016 Fax Server

Capital Health at Deborah - Emergency Services

Patient Name: DAWARA, IMAD
 DOB: 10/12/1979

FIN: CHS014929740
 Attending: Lewis MD,Randall C

Cardiology Procedures

Ordering Physician: Randall Lewis, MD
 Date of Service: 06/11/23
 Procedure(s): ECG 12 lead EKG
 Accession Number(s): G0000949632
 Account Number: CH0014929740
 CPT Code: 93005
 REG ER

Test Date: 2023-06-11 Test Time: 16:55:04

Interpretive Statements

SINUS ARRHYTHMIA
 MINIMAL ST ELEVATION, INFERIOR LEADS
 No previous ECG available for comparison
 Electronically Signed On 6-11-2023 23:36:05 EDT by MARK MOSHIYAKHOV, MD

Dictated By: Mark Moshiyakhov, MD
 Signed By: Mark Moshiyakhov, MD 06/11/23 2336

Chemistry

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Routine Chemistry

		Collected Date: 6/11/2023	
		Collected Time: 17:00 EDT	
Procedure		Units	Reference Range
Sodium Level	136	mmol/L	[136-144]
Potassium Level	3.4 ^L	mmol/L	[3.6-5.1]
Chloride Level	105	mmol/L	[100-111]
CO2	24	mmol/L	[22-32]
Glucose Level	105	mg/dL	[74-106]
BUN	16	mg/dL	[7-26]
Creatinine	1.1	mg/dL	[0.7-1.2]
Calcium Level Total	9.1	mg/dL	[8.9-10.3]
Protein Total	7.6	g/dL	[6.1-8.1]
Albumin Level	4.0	g/dL	[3.5-4.3]
Bilirubin Total	1.6	mg/dL	[0.4-2.0]
Alkaline Phosphatase	46		[38-126]
AST	21		[15-41]
ALT	23		[17-63]
Estimated Glomerular Filtration Rate	>60 ¹¹		[> OR =60]
Anion Gap	7.0		[5.0-19.0]
Magnesium Level	1.7	mg/dL	[1.7-2.5]
BUN/Creatinine Ratio	14.5		[10.0-20.0]

Fax Server

6/12/2023 2:18:51 PM PAGE 13/016 Fax Server

Capital Health at Deborah - Emergency Services

Patient Name: DAWARA, IMAD
 DOB: 10/12/1979

FIN: CHS014929740
 Attending: Lewis MD,Randall C

Chemistry

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Routine Chemistry

Collected Date: 6/11/2023		Collected Time: 17:00 EDT	
Procedure	Units	Reference Range	
3 Creatinine	3.6	g/dL [1.4-4.8]	

Result Comments

- 11 Estimated Glomerular Filtration Rate
 eGFR units: mL/min/1.73 meters squared
 CKD-EPI creatinine equation (2009)

Cardiac Markers

Collected Date: 6/11/2023		Collected Time: 17:00 EDT	
Procedure	Units	Reference Range	
Troponin-I	0.07 ^H	ng/mL	[<0.03]
3 B-Type Natriuretic Peptide	13 ¹³	pg/mL	[1-100]

Result Comments

- 2 Troponin-I
 <0.03 ng/mL = not associated with myocardial damage
 0.03-0.5 ng/mL = high
 >0.5 ng/mL = critical high

Elevated cardiac troponin I (cTn I) may be an indicator of ischemic myocardial damage. Non-acute coronary syndromes such as myocarditis, or other syndromes such as renal failure, pulmonary embolus, pneumonia, sepsis, stroke or skeletal muscle damage may also cause elevated cTn-I.

An elevated cTn-I level alone is not sufficient to make a diagnosis of acute MI. cTn-I values must be used in conjunction with the patient's clinical findings. In accord with published recommendations, serial testing of cTn-I at baseline, 3-6 hours and 6-8 hours, for up to 12-24 hours, is recommended to corroborate a single cTn-I result.

- 3 B-Type Natriuretic Peptide
 BNP levels are reported to increase with age in the general population, with the highest levels seen in individuals greater than 75 years of age.
 REFERENCE: J. Am. Coll. Cardiol. 2002; 40(5):976-982

Fax Server

6/12/2023 2:18:51 PM PAGE 14/016 Fax Server

Capital Health at Deborah - Emergency Services

Patient Name: DAWARA, IMAD
 DOB: 10/12/1979

FIN: CHS014929740
 Attending: Lewis MD, Randall C

Coagulation-Thrombosis

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Collected Date:	6/11/2023		
Collected Time:	17:00 EDT		
Procedure		Units	Reference Range
Prothrombin Time	12.4	seconds	[9.4-12.5]
INR	1.11 ^H		[0.85-1.10]
D-Dimer (Quant.)	<500.00 ^u	ng/mL	<500.00]

Result Comments**4 D-Dimer, (Quant.)**

The D-dimer assay is intended for use as an aid in the diagnosis of acute DVT or PE. In patients with a low to moderate clinical risk assessment and a D-Dimer result <500 ng/mL, the likelihood of PE or DVT is very low. However, a thromboembolic event should not be excluded solely on the basis of the D-Dimer level. Increased levels of D-Dimer are associated with PE, DVT, DIC, malignancies, inflammation, sepsis, surgery, trauma, pregnancy, anticoagulation therapy, cirrhosis, and advancing patient age.

Hematology

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

CBC and Differential

Collected Date:	6/11/2023		
Collected Time:	17:00 EDT		
Procedure		Units	Reference Range
WBC	12.1 ^H	10E3/uL	[4.8-10.8]
REC	5.22	10E6/uL	[4.60-6.20]
Hgb	15.7		[13.6-18.0]
Hct	45.0	%	[42.0-52.0]
MCV	86.3	fL	[80.0-94.0]
MCH	30.1	pg	[27.0-31.0]
MCHC	34.9		[33.0-37.0]
RDW-CV	12.8	%	[11.4-14.5]
MPV	7.9	fL	[7.4-10.4]
Platelets	231	10E3/uL	[150-450]
Neutro Auto	74.0	%	[42.2-75.2]
Lymph Auto	17.0 ^L	%	[20.5-51.1]
Mono Auto	8.1	%	[1.7-9.3]
Eos Auto	0.5	%	[0-7]
Basophil Auto	0.4	%	[0-2]
Neutro Abs Manual (ANC)	8.9 ^H		[1.5-8.0]
Lymph Abs Manual	2.0	10E3/uL	[1.5-6.8]

Fax Server

6/12/2023 2:18:51 PM PAGE 15/016 Fax Server

Capital Health at Deborah - Emergency Services

Patient Name: DAWARA, IMAD
 DOB: 10/12/1979

FIN: CHS014929740
 Attending: Lewis MD,Randall C

Hematology

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *Performing Lab

WBC and Differential

Collected Date:	6/11/2023		
Collected Time:	17:00 EDT		
Procedure		Units	Reference Range
Wbno Abs Manual	1.0 ^H	10E3/uL	[0.1-0.6]
Eos Abs Manual	0.1	10E3/uL	[0.0-0.7]
Baso Abs Manual	0.1	10E3/uL	[0-0.2]
WBC Abs Auto	0	/100(WBCs)	[0-0]

Diagnostic Radiology

Document Type: XR Chest 1 View Portable
 Service Date/Time: 6/12/2023 09:04 EDT
 Result Status: Auth (Verified)
 Document Subject: XR chest 1V portable
 Sign Information:

(R chest 1V portable

Deborah Heart and Lung Center
 100 Trenton Road
 Browns Mills, N.J. 08015-1799
 609)893-6611

Dept. 700

NY[rep ct ivnm suf]
 rep ct add1]
 rep ct add2]
 rep ct add3]

DRMN: [rep ct mne]

Patient's Name: Dawara, Imad Date of Birth: 10/12/1979
 MR #: H030046293 Admit/Service Date: 06/11/23

Ordering Physician: Randall Lewis M.D
 Date of Service: 06/11/23
 Procedure(s): XR chest 1V portable
 Accession Number(s): G0000949633
 Account Number: CH0014929740
 OPT Code: 71045
 Patient Status: REG ER

Fax Server

6/12/2023 2:18:51 PM PAGE 16/016 Fax Server

Capital Health at Deborah - Emergency Services

Patient Name: DAWARA, IMAD
DOB: 10/12/1979

FIN: CHS014929740
Attending: Lewis MD,Randall C

Diagnostic Radiology

PROCEDURE:

KR chest 1V portable

REASON FOR EXAM:

Chest pain.

COMPARISON:

None

TECHNIQUE:

Portable AP view of the chest was obtained at .

FINDINGS:

The lungs are grossly clear without consolidation, mass, pleural effusion or pneumothorax.

The cardiac silhouette or heart is unremarkable in size and contour. No vascular congestion or hilar enlargement is demonstrated.

Bony structures of the chest or thoracic spine are unremarkable. No significant degenerative disc disease.

No significant interval changes from the prior study.

IMPRESSION:

Unremarkable portable chest radiograph. No pulmonary mass, consolidation or pleural effusions.

Transcribed By: Fluency Reports

Dictated By: William W Qiu,MD

Date: 06/12/23

Signed By: William W Qiu,MD 06/12/23 0908

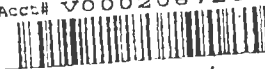


Deborah
Heart and Lung Center

New Jersey Universal Transfer Form
(Items 1 - 29 must be completed)

FCI FTD 69939

Dawara, Imad
06/20/23 M 43 DOB: 10/12/1979
MR# M000347675
Acct# V00020672051



1. Transfer From Offcc

Transfer To Law Enforcement Facility

2. Date of Transfer 6/22/23

Time of Transfer _____ ☐ AM ☐ PM

3. Patient Name Dawara, Imad

Date of Birth (mm/cd/yyyy) 10/12/79 ☐ M ☐ F

4. Language: ☒ English ☐ Other _____

5. Physician Name Dr. Chue

Phone 609-893-1011

6. Code Status: ☐ DNR ☐ DNH ☐ DNJ ☐ Out of Hospital DNR Attached

Check if Contact Person is

☐ Health Care Representative/Proxy

☐ Legal Guardian

7. Contact Person _____ Relationship _____

Name of ☐ Health Care Representative/Proxy or ☐ Legal Guardian if not contact person _____

Phone (day) _____ Phone (night) _____ Cellphone _____

8. Reason for Transfer (include brief medical history and recent changes in physical function or cognition) _____

cont of care
VIS: BP 119/82 P 68 R 19 T 36.8°C PAIN: ☒ None ☐ Yes-Rating _____ Site _____ Treatment _____

9. Primary Diagnosis Chest Pain ☐ Pacemaker

Secondary Diagnosis Coronary Artery Disease ☐ Internal Defib.

Mental Health Diagnosis (if applicable) _____

10. Restraints: ☒ No ☐ Yes (describe) Pt is a prisoner.

11. Respiratory Needs: ☐ None ☐ Oxygen-Device _____ ☐ Flow Rate _____

☐ CPAP ☐ BPAP ☐ Trach ☐ Vent ☐ Related details attached ☐ Other _____

12. Isolation/Precaution: ☒ None ☐ MRSA ☐ VRE ☐ ESBL ☐ C-Diff ☐ Other _____

Site _____ Comments _____ ☐ Colonized

13. Allergies: ☐ None ☒ Yes, List Cefazolin, Penicillin

14. Sensory: Vision ☒ Good ☐ Poor ☐ Blind ☐ Glasses

Hearing ☒ Good ☐ Poor ☐ Deaf Hearing Aid ☐ Left ☐ Right

Speech ☒ Clear ☐ Difficult ☐ Aphasia

15. Skin Condition: ☐ No Wound ☐ YES: Pressure, Surgical, Vascular, Diabetic, Other

16. Diet: ☒ Regular ☐ Tube Feed ☐ Mechanically Altered Diet ☐ Thicken Liquids

☒ Special (describe) Low Na Low Chol, Low fat

17. IV Access: ☒ None ☐ PICC ☐ Saline Lock ☐ IVAD ☐ AV Shunt ☐ Other _____

18. Personal Items Sent With Patient: ☐ None ☐ Glasses ☐ Walker ☐ Cane

Hearing Aid: ☐ Left ☐ Right Dentures: ☐ Upper/Partial ☐ Lower/Partial ☐ Other: _____

19. Attached Documents: Must Attach Current Medication Information

☒ Face Sheet ☐ MAR ☐ Medication Reconciliation ☐ TAR ☐ POS ☒ Diagnostic Studies ☒ Labs ☐ Operative Report ☐ Respiratory Care

☐ Advance Directive ☐ Code Status ☐ Discharge Summary ☐ PT Note ☐ OT Note ☐ ST Note ☐ HX/PE

Other: Progress

27. Sending Facility Contact Offcc Unit 4C Phone 609-893-1011

Rec'g Facility Contact (if known) Law Enforcement Facility Unit _____ Phone 609-893-1011

28. Form Prefilled By (if applicable) Dr. Chue Title _____ Unit _____ Phone _____

29. Form Completed By N. Bongiorno Title Dr. Phone _____

Deborah Heart and Lung Center
200 Trenton Road
Browns Mills, N.J. 08015-1799
(609)893-6611

Dept. 805

DRMN:

History & Physical

Patient's Name: Dawara, Imad
M.R.#: M000347675
CPT Code:

Date of Birth: 10/12/1979
Admit/Service Date: 06/21/23

HPI

Date of Service

Date of Service: 06/20/23

Chief Complaint

Chief complaint: Chest pain

History of Present Illness

History of present illness:

43-year-old incarcerated male with past medical history of multiple kidney stones requiring lithotripsy brought in from prison for complaint of persistent shortness of breath over the last week. Patient was recently admitted to DHLC on 6/11 when he presented with left-sided chest pressure. At that time, patient had complained of radiating pain to the shoulders, neck and left arm. Of note patient is an ex-smoker with 25-pack-year smoking history and extensive hookah smoking as well. During his last admission, patient was initially admitted to the medical intensive care unit for recurring 10 out of 10 chest pressure requiring multiple doses of nitroglycerin and ultimately a nitroglycerin infusion. His EKG at that time did not show any ischemic changes, however on telemetry he had a 19 beat run of NSVT. Patient was then loaded with Brilinta and started on a heparin drip. His troponin continued to rise and peaked at 6.78 before trending down. On 6/11/23, he underwent cardiac catheterization and PCI with drug eluting stent to mLCx and mLAD. He was loaded with Plavix during the case and continued on it thereafter. Transthoracic echocardiogram at the time revealed a preserved ejection fraction. Patient reports strict compliance with his aspirin and Plavix since discharge. He describes his shortness of breath as progressively worsening over the last week. He states that even sitting at rest having a conversation has made him short of breath. He is unable to walk around and run without experiencing the shortness of breath. Patient also complains of chest heaviness in the center of his chest that radiates up to his jaw. He states this started after he got to the emergency department today. He notes that this pain is much milder than what he was experiencing upon his previous presentation.

In the emergency department, patient's vital signs were stable. He is resting comfortably on room air without requiring any supplemental oxygen. Laboratory review reveals grossly unremarkable CBC, CMP, D-dimer, CK and BNP. His initial troponin was negative at 0.02. Chest x-ray was also obtained and was unremarkable. No evidence of pulmonary mass, consolidation or pleural effusions were noted. His EKG is nonischemic. Patient will be admitted to the telemetry floors for further work-up of his shortness of breath and chest pain.

Name: Dawara,Imad
M.R.#: M000347675

Dept. 805

Review of Systems

Review of Systems

Review of systems: All systems were reviewed & are negative except as noted in the HPI

PMFSH

Social History

Smoking status: Former smoker

Substance use type: does not use

Medications/Allergies

Medications/Allergies

Home medications:

Home Medications

Medication	Instructions	Recorded	Confirmed	Type
aspirin 81 mg tablet, delayed release	81 mg PO DAILY #90 tabs	06/13/23		Rx
atorvastatin 80 mg tablet	80 mg PO NIGHTLY #90 tabs	06/13/23		Rx
clopidogrel 75 mg tablet (Plavix)	75 mg PO DAILY #90 tabs	06/13/23		Rx
metoprolol tartrate 50 mg tablet	50 mg PO BID #180 tabs	06/13/23		Rx
nitroglycerin 0.4 mg sublingual tablet	0.4 mg sublingual Q5M PRN chest pain #60 tabs	06/13/23		Rx

Allergies/adverse reactions:

cefazolin [From Ancef] Allergy (Verified 06/11/23 19:26)

SWELLING OF LIP/TONGUE/THROAT

Penicillins Allergy (Verified 06/11/23 19:26)

SWELLING OF LIP/TONGUE/THROAT

Active medications:

Active Medications

Generic Name	Dose Route	Start	Last Admin
Trade Name	Freq PRN Reason	Stop	Dose Admin

Name: Dawara, Imad
M.R.#: M000347675

Dept. 805

Acetaminophen Acetaminophen 325 Mg Tablet	650 mg PO Q4HRS PRN Fever Over 38 C	06/20/23 20:12	
Acetaminophen Acetaminophen 325 Mg Tablet	650 mg PO Q4HRS PRN Pain, Mild 1-3 (CPOT 1-2)	06/20/23 20:12	
Al Hydrox/Mg Hydrox/Simethicone Aluminum/Magnesium/Simethicone Oral Susp 30 MI Udc	30 ml PO Q4HRS PRN Indigestion	06/20/23 20:12	
Aspirin Aspirin Ec 81 Mg Tablet	81 mg PO DAILY SCH	06/20/23 20:25	
Atorvastatin Calcium Atorvastatin 80 Mg Tablet	80 mg PO NIGHTLY SCH	06/20/23 21:00	
Clopidogrel Bisulfate Clopidogrel 75 Mg Tablet	75 mg PO DAILY SCH	06/20/23 20:25	
Heparin Sodium (Porcine) Heparin For Dvt Prophylaxis 5,000 Units/1 MI Syringe/Vial	5,000 unit SUBCUT 0600,1400,2200 SCH	06/20/23 22:00	
Sodium Chloride	500 mls @ 0 mls/hr IV PRN PRN Other - Type In Comments KVO	06/20/23 20:12 07/20/23 20:12	
Magnesium Hydroxide Magnesium Hydroxide Oral Susp 30 MI Udc	30 ml PO NIGHTLY PRN Constipation	06/20/23 20:12	
Nitroglycerin Nitroglycerin SI 0.4 Mg Tablet	0.4 mg SUBLINGUAL Q5MIN PRN Angina	06/20/23 20:17	

Name: Dawara,Imad
M.R.#: M000347675

Dept. 805

Perflutren Lipid Microsphere	0 ml	06/20/23 20:19	
Perflutren Lipid Microsphere 1.5 MI Vial	IV DURING ECHO PRN Other - Type In Comments	06/22/23 20:18	
Sodium Chloride	5 ml	06/20/23 22:00	
Sodium Chloride 0.9% Flush 10 MI Syringe	IV Q8HR SCH		

Exam

Physical

Narrative:

General: NAD, comfortable
HEENT: NCAT, MMM, PERRLA, no JVD
Lungs: CTAB, no w/r/r
Cardio: RRR, S1S2, no m/r/g
GI: Soft NTND, +bowel sounds, no guarding, rebound or rigidity
MSK: Moves all extremities, no swelling
Skin: Warm, perfused, dry, intact, no rashes
Neuro: A&O x3, strength +5/5 all 4 extremities, normal sensation

A/P

Problem List

- (1) Chest pain:
- (2) CAD (coronary artery disease):
- (3) History of percutaneous coronary intervention:
- (4) GERD (gastroesophageal reflux disease):

Plan

Assessment:

43-year-old incarcerated male with past medical history of multiple kidney stones requiring lithotripsy brought in from prison for complaint of persistent shortness of breath over the last week. He will be admitted to telemetry for further work up.

Plan:

Admitted to telemetry
Continue troponin trend to peak; latest 0.02
Continue Aspirin, Plavix, and Atorvastatin
Obtain formal 2D echocardiogram to rule out pericardial effusion
Daily EKGs
Currently chest pain-controlled
Sublingual nitro if recurrent chest pain
NPO after midnight
Continue remainder of home medications

Name: Dawara, Imad
M.R.#: M000347675

Dept. 805

HOLD PM & AM BB dose

DVT prophylaxis: Heparin drip
Full code

To be discussed with attending physician.

I saw and examined the patient. Fellow H&P reviewed. Case discussed with fellow. I agree with the assessment and plan with the included additions.

Pt seen and examined. Denies additional episodes of chest pain. Lab work remains stable. 2D ECHO pending. Cardiology following. Continue to trend troponin. Continue Aspirin, Plavix and statin

Pt could have a component of GERD will start protonix daily

Further Recommendations to follow

Quality Measures

VTE

Contraindication to VTE prophylaxis: N/A

Documentation of mechanical device: N/A

Deep vein thrombosis/Pulmonary embolism present on admission: No

Dictated By: Sabaa Ahmed, DO

e-Signed By: Sabaa Ahmed, DO

Laura Chec, DO

Dictated Date: 06/20/23

06/20/23 2052

06/21/23 1413

Deborah Heart and Lung Center
200 Trenton Road
Browns Mills, N.J. 08015-1799
(609)893-6611

Dept. 709

DRMN:

Account Number: V00020672051
ADM OBSO

CPT Code: 93306

TRANSTHORACIC ECHOCARDIOGRAM REPORT

Patient Name: Imad Dawara Date of Exam: 6/21/2023
Medical Rec #: M000347675 Location: Echo Lab
Accession #: G0000955662 BP: 118/86 mmHg
Date of Birth: 10/12/1979 Age: 43 years Gender: M
Height: 177.80 cm Weight: 94.35 kg BSA: 2.12 m2

Indications: Shortness of breath - R06.02 Diagnosis:
Sonographer: KQ Fellow: none None
Ordering Phys: 02062 Jeffrey Gojaniuk Report CC'd: ,

M-Mode: 2D: S Doppler: Color Flow:

Key: S = Satisfactory; TL = Technically difficult and sub-optimal images; NP = Not performed

QUANTITATIVE DATA SUMMARY:

M-Mode Measurements: Left Ventricle: Data Normal

LA: 3.40 cm

Ao: 3.70 cm

Right Ventricle: Data Normal

TAPSE: 1.0 cm (≥ 1.7)

2D MEASUREMENTS:

Left Ventricle: Data Normal

IVSd: 0.89 cm

LVPWd: 0.88 cm

LVIDd: 4.68 cm

LVIDs: 3.45 cm

LV FS: 26.3 % ($>30\%$)

LV EF: 51.5 % ($>50\%$)

Right Ventricle: Data Normal

RV S' Vmax 0.12 m/s

LV SYSTOLIC FUNCTION (MOD):

Normal(M) Normal(F)



Name: Dawara,Imad
M.R.#: M000347675

Dept. 709

EF-A4C View: 66.1 %
EF-A2C View: 60.9 %
LVEDV: 84.8 ml (≤ 74 ml/m²) (≤ 61 ml/m²)
LVESV: 31.6 ml (≤ 31 ml/m²) (≤ 24 ml/m²)
EF-Biplane: 62.7 %

LV DIASTOLIC FUNCTION:

MV Peak E: 39.8 cm/s
MV Peak A: 72.8 cm/s
E/A Ratio: 0.5
Septal e': 7.7 cm/s
Septal a': 9.6 cm/s
Lateral e': 10.6 cm/s
Lateral a': 9.5 cm/s
Septal e'/a': 0.8
Lateral e'/a': 1.1
Septal E/e': 5.2
Lateral E/e': 3.8
E/e' avg: 4.5
MV Decel Time: 227 msec
LV IVRT: 85 msec
MV A Dur: 87 msec

MITRAL VALVE:

MV A dur: 87 msec

AORTIC VALVE:

AoV Max Vel: 0.90 m/s
AoV Peak PG: 3.3 mmHg
LVOT Max Vel: 0.91 m/s
LVOT VTI: 15.3 cm
LVOT Peak PG: 3 mmHg
LVOT Mean PG: 2.0 mmHg

PULMONIC VALVE:

PV Max Vel: 0.7 m/s
PV Max PG: 1.9 mmHg

FINDINGS:

Left Ventricle: Normal left ventricular chamber size. Normal left ventricular wall thickness. Mild inferoseptal hypokinesis. Mild true apical hypokinesis. Normal motion of the remaining walls. Overall normal left ventricular systolic function. Visually estimated ejection fraction = 55-60%. Normal indices of diastolic function.

Left Atrium: Normal-appearing left atrium.

Right Ventricle: Normal right ventricular size and function. TAPSE 1.88 cm.

Right Atrium: Normal right atrial size.



Name: Dawara, Imad
M.R.#: M000347675

Dept. 709

Aortic Valve: Normal-appearing trileaflet aortic valve. No aortic stenosis. No aortic insufficiency.

Mitral Valve: Grossly normal mitral valve. Trace mitral regurgitation.

Tricuspid Valve: Grossly normal tricuspid valve. Trace tricuspid regurgitation.

Pulmonic Valve: Poorly visualized pulmonic valve.

Aorta: Poorly visualized aorta.

Pulmonary Artery: Unable to calculate pulmonary artery systolic pressure due to lack of adequate tricuspid regurgitant Doppler signal.

Pericardium: No pericardial effusion.

CONCLUSIONS:

Technically adequate echocardiographic study.

1. Normal left ventricular chamber size. Normal left ventricular wall thickness. Mild inferoseptal hypokinesis. Mild true apical hypokinesis. Normal motion of the remaining walls. Overall normal left ventricular systolic function. Visually estimated ejection fraction = 55-60%. Normal indices of diastolic function.
2. Normal-appearing left atrium.
3. Normal right ventricular size and function. TAPSE 1.88 cm.
4. Normal-appearing trileaflet aortic valve. No aortic stenosis. No aortic insufficiency.
5. Grossly normal mitral valve. Trace mitral regurgitation.
6. Compared to the previous echocardiogram report 6/12/2023: No significant change.

Justin Szawlewicz MD, FACC.

Electronically signed by SZAWLEWICJ Justin Szawlewicz MD, FACC

Signature Date/Time: 6/21/2023 at 5:16:39 PM

*** Final ***



Pat ID M000347675

06/21/2023 20:37:41
10/12/1979 43 yrsDawara, Imad
Male
Account # V00020672051Deborah
Dept 4L
Room 4459-A
Tech 20242RX
DX

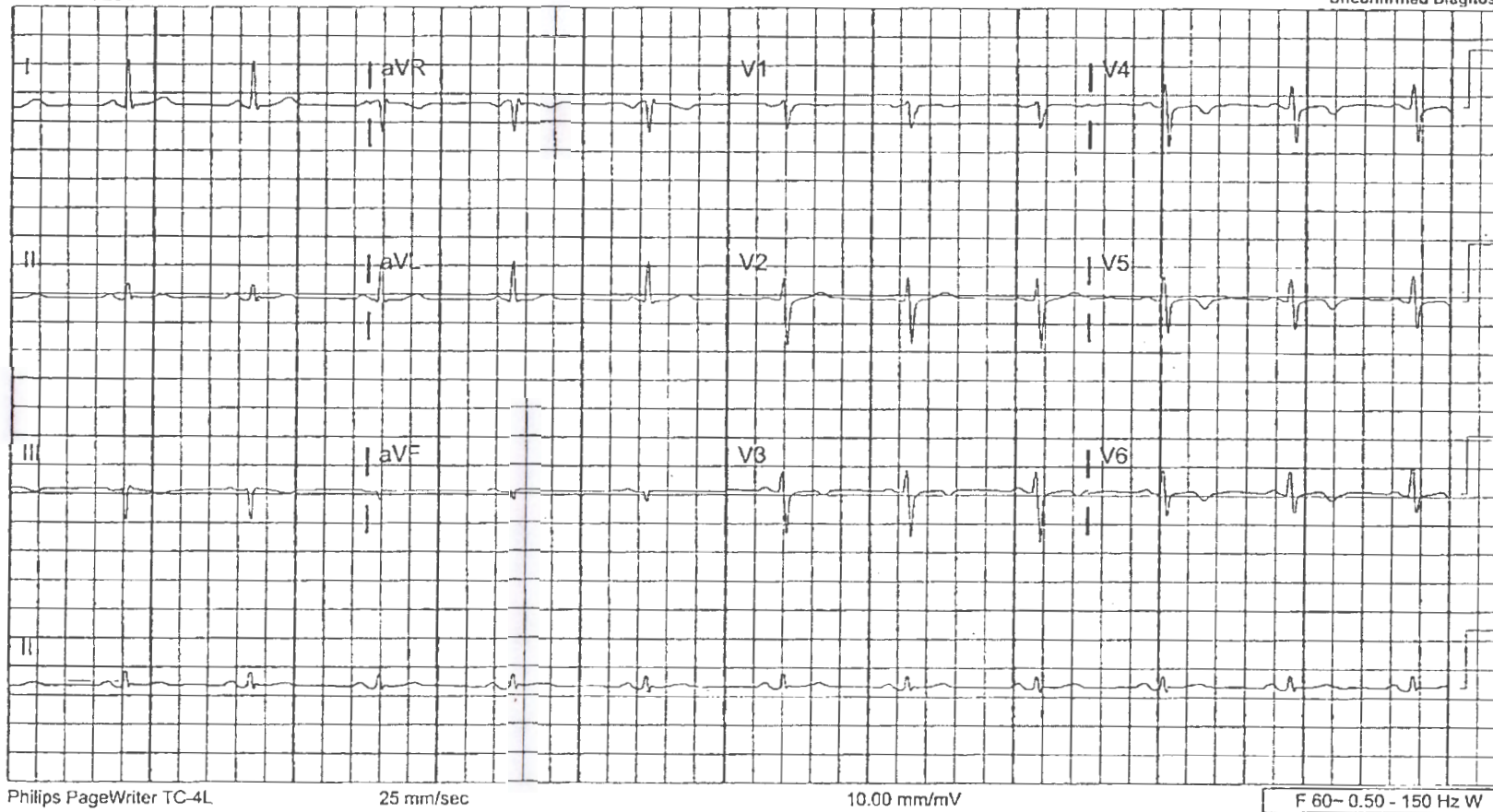
Rate	67	SINUS RHYTHM
PR	149	NONSPECIFIC T ABNRM, ANTEROLATERAL LEADS
QRSd	91	Compared to ECG 06/13/2023 04:15:18
QT	385	ST (T wave) deviation no longer present
QTc	407	

Req Provider:	
Visit #:	V00020672051
Order #:	G0000955083
Chest Pain:	no
Right Side:	

P	32
QRS	-7
T	7

- Abnormal ECG -

Unconfirmed Diagnosis



Pat ID M000347675

06/21/2023 20:37:41

Dawara, Imad

Deborah

RX
DX

10/12/1979 43 yrs

Male

Dept

4L

Account # V00020672051

Room

4459-A

Tech

20242

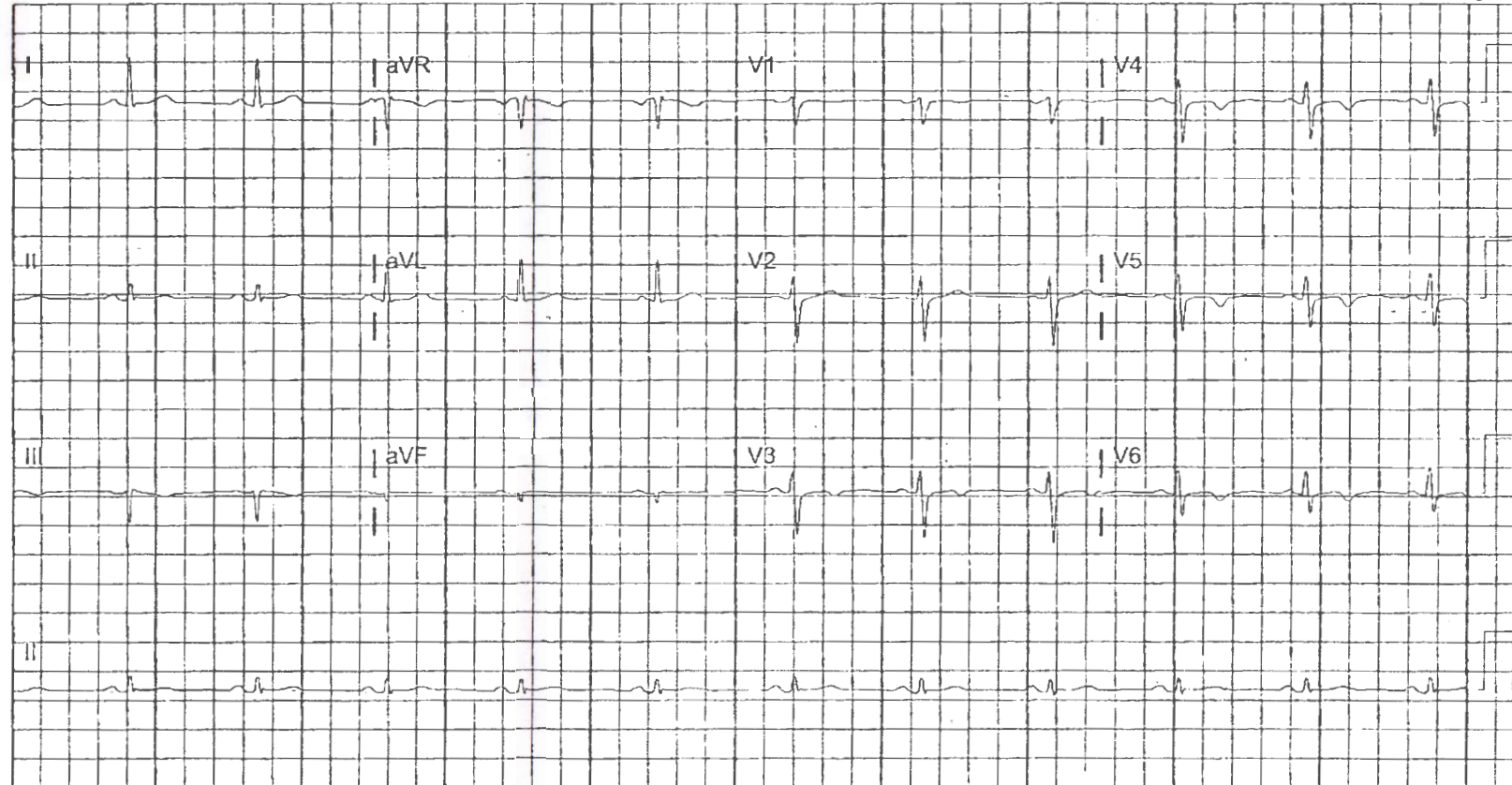
Rate	67	SINUS RHYTHM
PR	149	NONSPECIFIC T ABNRM, ANTEROLATERAL LEADS
QRSd	91	Compared to ECG 06/13/2023 04:15:18
QT	385	ST (T wave) deviation no longer present
QTc	407	

Req Provider:	
Visit #:	V00020672051
Order #:	G0000955083
Chest Pain:	no
Right Side:	

-Axis-	
P	32
QRS	-7
T	7

- Abnormal ECG -

Unconfirmed Diagnosis



Philips PageWriter TC-4L

25 mm/sec

10.00 mm/mV

F 60~0.50 - 150 Hz W